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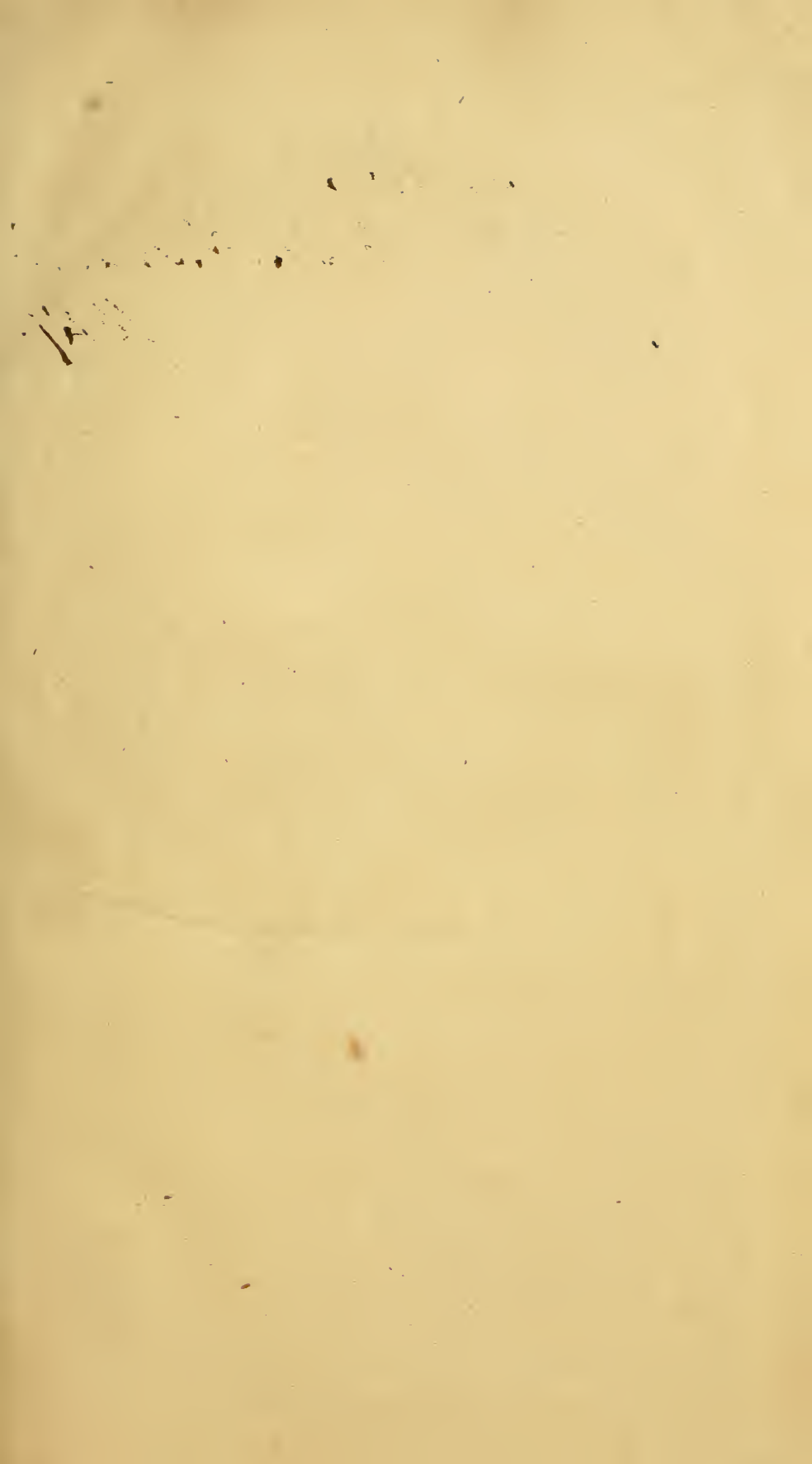
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C A S E S
I N
M I D W I F E R Y:

W I T H
R E F E R E N C E S A N D R E M A R K S.

B Y
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O F
W E S T - M A L L I N G, I N K E N T.

Utilia selegit, necessaria ostendit, sic utile.

BAGLIVI.

V O L U M E S E C O N D.

S E C O N D E D I T I O N, C O R R E C T E D A N D I M P R O V E D.

R O C H E S T E R:
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Note, The Reader is requested to correct with his pen such typographical errors, &c. as have, through haste, escaped the Author's attention.

Page 2, line 9, *after arm insert a comma*

66, — 12, *for ensues read ensue*

265, — 11, *for was read were*

319, — 18, *after afflicted read with*

*305, — 22, *for with read without*

*315, *after line 15, read or*

333, line 2, *for come read came*

347, — 13, *dele the period*

353. — 18, *for Letters read Letter*

C A S E S
I N
M I D W I F E R Y.

C A S E LXX.

COMMUNICATED
IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

" DEAR SIR,

" MARCH 17, 1770.

" I WAS called to a woman about
" four miles from this town, who told me she
" had suffered much from two former labours ;

VOL. II.

B

" the

“ the last, about three years before, and that she
 “ had miscarried since that time. about the end of
 “ the fifth month; that she was now nearly four
 “ months gone with child; had been in violent
 “ pain; voided her urine with difficulty; was cos-
 “ tive; had bearing-down pains; and that a small
 “ discharge of blood appeared from the *vagina*:
 “ the pulse being strong, I took away some
 “ blood from the arm to relieve her costiveness,
 “ ordered an emollient clyster, and gave her
 “ a nitrous emulsion, with a sufficient quan-
 “ tity of *syrupus e meconio*, to alleviate her
 “ pains, and induce sleep, of which she had
 “ had but a small share for the two preceding
 “ nights. I advised a recumbent posture, and
 “ as little exercise or motion as possible; the
 “ next day I found her easier; she had rested
 “ better, but still complained of a frequent de-
 “ sire to make water, and an uncommon bear-
 “ ing-down; but, upon the whole, thought her-
 “ self rather better, entertained hopes that she
 “ should not miscarry, and, that these symp-
 “ toms would abate, therefore rejected any fur-
 “ ther

“ her advice; but two days after I was sent
 “ for again, when I found her complaining
 “ of great pain; she passed her urine with dif-
 “ ficulty, and frequently was not able to void
 “ a drop; she had not been at stool since the
 “ clyster, and had sometimes violent strain-
 “ ings: on examination, I perceived the *uterus*,
 “ to be pushed out from without the *os externum*
 “ to the size of a large turnip; I endeavoured to
 “ find the *os internum*, but its superior situation
 “ prevented me; nor could I discover exactly
 “ how far the *vagina* protruded with the descend-
 “ ing *uterus*. I ordered emollient fomentations
 “ and a clyster to empty the *rectum*: soon after
 “ which, I drew off near two quarts of water
 “ with the catheter, and at bed-time adminis-
 “ tered an anodyné; the next morning I visited
 “ her, and finding the tumor much lessened,
 “ reduced the *prolapsus*, and introduced a small
 “ pessary of cork, being first well lubricated,
 “ along the anterior part of the *vagina*, desiring
 “ that the patient might keep her bed entirely,
 “ which was complied with for some days:

“ during which time, I kept her body gently
 “ open by mild laxatives; but as the urine did
 “ not pass freely, and was totally stopped, I
 “ was obliged again to evacuate the urine by the
 “ catheter. I confined her still to her bed, kept
 “ her on a light cooling regimen, and she was
 “ pretty well for a few days; but imprudently
 “ getting out of bed in haste, she was suddenly
 “ seized with pain and bearing-down, and mis-
 “ carried before any assistance could reach her;
 “ the prolapsion of the womb became now as
 “ great as ever, with this difference only, that it
 “ felt much softer, and the reduction of the
 “ tumor was easily effected as the woman laid
 “ on her back; and, by taking every necessary
 “ care of her since, I have the pleasure to ac-
 “ quaint you, that she now seems in a fair train
 “ of recovery.

“ I am, with much respect, &c.”

THE ANSWER.

“ DEAR SIR,

“ **Y**OUR case of the *prolapsion* I
 “ have this day received, and know not how you
 “ could have treated it more judiciously. I am
 “ pleased you was so lucky as to save the wo-
 “ man. *Prolapsi uteri* are ever dangerous, and
 “ require the nicest attention. Great skill and
 “ experience are often required in the reduction;
 “ a relapse often eludes our utmost care, and,
 “ in gestation, is seldom to be prevented, till,
 “ by the easy and quiet situation of the pati-
 “ ent, the *uterus* rises sufficiently high in the
 “ *pelvis*, to hinder any future descension; and,
 “ as much time must elapse before this can hap-
 “ pen; the cure is seldom effected thereby; but
 “ rest, a free discharge of urine, &c. will much
 “ conduce thereto. I am, &c.”

C A S E LXXI.

ON MAY 31, 1775. the wife of a farmer in this neighbourhood, after a very flow and painful labour, was delivered by a midwife; who, after waiting some time, in expectation of obtaining the *secundines*, at length was induced to pull with very great force at the *funis*, by which they came along, and she thought the detachment of them thoroughly effected; but was much disappointed, when, upon bringing them clear of the *os externum*, she perceived the *placenta* not to be separated by her utmost endeavours, it was so closely attached to the *fundus uteri*: in this extremity, she was so very ignorant, as not to attempt an immediate reduction of the protruding parts; her embarrassment could not be concealed, and the attendants insisted

fisted upon my being called; I came accordingly, and finding the parts in the situation as before described returned them; the patient was very languid and faint: I recruited her strength and spirits with small quantities of white caudle, in which a little brandy was mixed, and waited near four hours, in hopes, that the *uterus* would contract and expel the *placenta*; but, although some contraction of it ensued, yet the *placenta* still adhered thereto: upon which, I thought it most prudent to lend Nature some assistance; to which purpose, the *funis* served as a direction to my hand into the *uterus*; but here I was at a loss to plainly distinguish the round edge of the *placenta*, it kept in such contact with, and so strictly adhered to the *uterus*; I therefore perforated it with my fingers, and detached it all round as carefully, and with as much deliberation as possible, and brought it away without any further trouble. I administered an anodyne to the patient; and upon visiting her the next morning, found she had had a good repose, perspired freely, and that the *lochia* had

been in sufficient quantity; as no extraordinary circumstance happened to retard her recovery, she was pretty well at the month's end; but being naturally of lax fibres, and a delicate constitution, she did not recover her usual degree of strength for some months, and not even then, without the free use of tonic remedies. It was a very fortunate circumstance, that in this inversion of the womb, which happened from the violence described, no *uterine hæmorrhage* ensued; otherwise, the consequence might have proved as fatal as in the following Case.

CASE

C A S E LXXII.

THE unhappy subject of which, in DECEMBER, 1777. after a severe labour of three days and nights, in which she was attended by a midwife, lost her life by the hasty and violent manner of her pulling at the *funis*; by which means an entire inversion of the womb was brought on, and before any assistance could be obtained, the *uterus* not being in a situation to contract and close the vessels, a profuse *hæmorrhage* supervened; and I came only in time to be a tacit spectator of the poor woman's death. The *fundus*, from the violence which had been used, was entirely pulled through the *os uteri*; a sad instance of ignorance and inexperience, which ought to caution the female practitioner against hurry and rashness in extracting the *placenta*; which,

which, when retained beyond its usual time, by any extraordinary adhesion or the sudden and strong contraction of the womb; or, where there is only a partial detachment of it, and consequently a flooding ensues. I say, in all, or either of these cases, she will ever find it much more redound to her credit and reputation, to distrust her own abilities, and have timely recourse to the superior assistance of a MAN-MIDWIFE.—MAURICEAU, chap. 6. describes the bearing-down, and also the falling-out of the womb, to be of two sorts; when the womb comes quite forth, but is not turned inside out, nor can the inside of it be seen, but only its orifice, which appears at the end of a great fleshy mass, which makes the body of the womb; this he denominates a *prolapsus uteri*: and the other falling-out, which of all is the most dangerous, he calls a *perversio uteri*, or turning inside out; for then he observes, it is not only fallen forth, but the bottom of it is turned quite out, so that you may perceive it all even, and without an orifice, because it is tumid: he then proceeds to speak of
the

the causes of these disorders, the symptoms attending thereon, and the remedies necessary to relieve the same: this author farther tells us, that Maids are not only subject to a bearing-down, but to a falling-out of the womb also, which he has put up into its place in several, after they had been grievously afflicted with it some years. Besides, the causes assigned for these disorders by other authors, DIONIS persuades himself, that he has found out another cause of it, which no author ever before thought of, because they understood not the true use of the round ligaments of the womb; for the Ancients were of opinion, that these ligaments serve only to hinder the bottom of the womb from mounting too high; whereas, says he, I am well assured, that they pull it downwards: and this hypothesis he farther endeavours to support, by observations deduced from his own anatomy of the human body; these, as well as the rules he lays down for relief, may be seen in chap. 7. of his *Treatise on MIDWIFERY*.—DAVENTER, in chap. 29. p. 144. attributes the descent of the womb to the largeness of the *pelvis*, in time of parturition: in
which

which case the ligaments, as well as the fibres of the *vagina*, are too much relaxed, and the bladder is too much drawn down; whence proceeds incontinence of urine, &c. In some, he observes the womb hangs out as big as one's fist, and sometimes larger, which may in time corrupt, and mortify, as several examples witness: he next proceeds to recommend pessaries, where the disorder is incurable; and speaks with much accuracy on the shape, make, and composition of *that medicine* in general.—RUYSCH, obs. 9. mentions a true prolapsion of the *uterus* at intervals out of the body; he found the *uterus* prolapsed, and much enlarged; he soon reduced the same to its natural situation, after a midwife had attempted it in vain; but observes, that the *uterus* cannot always be reduced, if it has continued prolapsed out of the body for a considerable time; nor is it always proper, says our author, to attempt a reduction of the *uterus*; which, if it has continued out of the body so long as to be greatly enlarged, so that it cannot easily be reduced to its former state; or, if the *uterus* is indurated,

durated, fissured, or ulcerated, by long continuing out of the body, the reduction is not to be attempted, because the patient is generally found much worn afterwards. — Obs. 10. contains an inversion of the *uterus* in the delivery; which he describes as a lamentable accident, and proves fatal if not immediately remedied: he remembers, he says, to have met twice with this accident in a week, and if immediate assistance is not ready, the case is desperate; nor did ever any recover in his practice, except in one instance; for the *hæmorrhage* is generally so profuse from the prolapsed *uterus*, that it immediately becomes inflamed and indurated; whence an incipient gangrene follows from the obstructed circulation of the blood; in the case which he here relates, the whole *uterus* was inverted in the delivery, which it is not in a *prolapsus* without the *pudenda*; for then the *uterus* is not inverted, but only subsides; so that the internal *os tincæ* may be perceived in the bottom of the prolapsed *uterus*; but, in this case, the *os uteri* is neither perceived, nor visible to the eye:

this

this injury, our author says, sometimes arises, from unexperienced midwives drawing the navel string more violently than they ought; whence, the *uterus* must consequently follow: he adds, that a prolapsion will sometimes follow from the straining, after the birth; and this accident once happened in his own practice, when he extracted a dead *fœtus*, together with the *placenta*, whereupon the *uterus* soon after subsided, and came into view, which he immediately reduced; and placing the thighs together, according to the rules of art, the patient was in a little time cured: he mentions an instance of this kind, in which a surgeon sent for him, because he could not conjecture what sort of *tumor* it was that hung pendulous out of the body; and was oftentimes consulted by midwives, whom he found full of wonder, to think what sort of a *tumor* it was that appeared after the birth: he is therefore more careful, he says, to represent the disorder, that no one may continue ignorant, or be deceived in a matter of so great moment, which requires a most speedy relief: in his sixteenth observation, we find a
 very

very curious account of a *prolapsus* of one of the *ovaria*, which he discovered after the opening of an abscess, which penetrated too deep into the *abdomen*: in obs. 24. he gives a true prolapsion of the lateral part of the body of the *uterus*; the patient had, by violent strainings, a hard *tumor*, about the size of a small fist, in the left side only of the *vulva*. The midwife finding this *tumor*, and not knowing what to make of it, ordered him to be sent for: it appeared to him at first, he says, like a portion of the *placenta uterina*; which frequently presenting before the *fœtus*, he had almost, by that means, been led into a mistake; but enquiring more diligently into the affair, he found it to be truly a lateral part of the *uterus*, which was also proved by the event; for after the infant was delivered, the *uterus* immediately returned to its natural situation: and the patient, he says, recovered without any use of fomentations, which are commonly applied to prevent any *prolapsed* part of the *uterus* from being invaded with a gangrene: in his next observation, speaking of the *os tinæ*, or mouth

mouth of the *uterus prolapsing* in the birth, he says, it is hardly expressible, with what uncommon appearance the *os uteri* presents itself, upon such an occasion; and those he observes, who have been present with himself at these cases, know very well, with what circumspection and care, one ought to proceed in a case of this nature: in such instances, he thinks it most advisable, to refer to the exclusion of the yet living *fœtus* to Nature, sustaining the *os uteri* with both the hands; but, if the *fœtus* is dead, the whole business will consist in extracting it as much as possible with one hand, while the *os uteri* is sustained by the other, that it may not *prolapse* together with the *fœtus*, and occasion an *inversion* of the womb, to which, at that time, it is disposed: observation 26. presents us with an *inversion* of the *uterus* in the birth, rendered fatal by an unskilful hand; the poor woman having brought forth a strong infant, the *uterus* itself immediately followed the *placenta*, and was *inverted* as mentioned in his tenth observation; hereupon an ignorant Medicaster was called, who,

who instead of replacing the *uterus* into its proper situation, cut a little way into the tumor with the point of his knife, in order to discover what it was; whether it was a preternatural tumor, filled with humours, or the *placenta uterina*, &c. this rash and unheard-of method of enquiry, soon put an end to the patient's life; for so profuse an *hæmorrhage* immediately followed, as was not supportable, nor capable of being suppressed by all his endeavours, with the most powerful *stagnotics*; but every thing proving fruitless, in a few hours after he was called; faintings came on, and towards the latter end of the day the patient expired.—Dr. OULD advises the immediate reduction of the *prolapsed uterus*, lest it should swell, inflame, and be in danger of mortifying: he observes, that the longer it remains out of the body, the more difficult will be its reduction, in proportion to the increase of swelling, which is caused by the restriction of the external orifice of the *vagina*: and in this state, recommends the part to be fomented with the most mucilaginous decoctions

tions that can be contrived, and all possible means to be used with the hands, to restore it to its natural situation; which, if it cannot be accomplished, the miserable patient must, in all probability, die: though there are histories, he adds, of some, who have survived the amputation of the *prolapsed uterus*; performed by tying a ligature round its neck, near the *pudendum*, which is to continue till the part drops off.—Dr. PUGH admits, that great care and caution ought to be observed in delivery, where the patient is troubled with a *prolapsus vaginae* or *uteri*; but says, he has delivered several women that have been troubled with these disorders, and they have had as good labours as possible: where the ligaments, he observes, are relaxed, they are capable of being extended beyond their natural length; whereby the orifice of the womb, instead of being dilated, is thrust forward toward the external orifice of the *vagina* by the child's head: to prevent this mischief, he advises the operator, at the same time that he assists the dilatation of the *os internum*,

to bear it up with his fingers, in proportion as the child advances forwards, till the mouth of the womb is slipped quite over the child's head; and when this is done, to place the fingers of each hand at the side of the child's head; by which means a better resistance will be made, and the next pain or two probably bring the child; then the hand ought immediately to be introduced into the womb, and the *placenta* carefully separated, and gently brought forth: in these cases, he prudently enjoins the patient to keep some days in bed, not to rise even to perform the common wants of Nature; and recommends proper medicines, with the use of pessaries, to be administered: and, in case the womb should, by any imprudent management, be totally *prolapsed*, advises it to be immediately reduced into its natural situation.—In GIFFARD, case 9, we find an account of the *falling-down* of the whole neck of the womb, with a relaxation of the ligaments, at the latter end of pregnancy: there was a tumor, he says, hanging between, and out of the privities, of the bigness

of his fist, so that he could scarce pass his finger; he thereupon ordered a proper fomentation, by which means the tumor subsided: the labour came on in a week afterwards, and one foot presented, which he delivered as far as the knee; and then taking hold of it in one hand with a cloth, and passing up the other to retain the womb, he pulled gently, and brought it out to the buttocks, and proceeded to deliver the other parts, as is usual in preternatural births, taking great care to support the *inner orifice* of the womb: when the ligature was made on the navel string, he again passed up his hand to support the womb, and with the other, pulling by the string, and gently shaking the *placenta*, it came away very easy, and perfectly whole: he ordered the midwife to keep a cloth very close to the patient, to lay her head low, and her legs strait, and close together: In case 176, he gives an instance of delivery, which proved fatal; where, in this case, the *uterus* was *inverted*, and drawn out beyond the *labia pudendi*; the child was born about an hour before he came, and the midwife, in attempting to
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bring away the *placenta*, had *inverted* the *uterus*; for, upon examination, he found the whole body of the *uterus*, with the *placenta* adhering to the *fundus*, hanging out beyond the *labia*; there was a great profusion of blood, and the woman was dead before he came: he rebuked the midwife for not sending sooner; and told her, that she, through her ignorance, was the immediate cause of the poor woman's death; for by pulling the string too forcibly, she had drawn out, and *inverted*, the womb: before he examined the midwife, he says, she told him that the *placenta* was partly brought out of the womb; but he shewed her her error, that the *placenta* was all brought out, and only adhered to the *fundus uteri*; which, as the whole womb was *inverted*, hung out beyond the *labia pudendi*: this case, adds our author, should be a caution to all practitioners, how they attempt to bring away the *placenta*, and not to pull the string too rudely, lest they *invert* and draw out the *uterus*; by which the woman dies a martyr, to their temerity and ignorance, as was too evidently the

case in the preceding observation.—The ingenious LA MOTTE, in his three hundred and eighty-third observation, relates the case of an old lady, who had a tumor as big as his fist hanging between her legs, which seemed, in a manner, fixed to the whole circumference of the external mouth of the *uterus*, &c. she told him, she had laboured under this disorder above thirty years; that it had come on gradually, after a Lying-in, having, as she imagined, got up rather too soon; her labour had been very good, only the midwife found a great deal of trouble in separating the *placenta*; she died, he says, soon after, while he was out of the way, otherwise he would have made a stricter examination: our author further tells us, that he saw the like disorder in 1618, in a woman at the Hotel Dieu; Maitre ARNOULT took it off, but she died in a few days after: in observation 384, he was fetched to a patient; the bottom of whose *uterus* was out of the *vagina*, to the bigness of his fist, which had happened in pulling away the *placenta*; he had no great trouble in reducing this: but she suffered,
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he says, a great deal of pain in the loins, belly, and along the inside of the thighs ; which she was entirely delivered from afterwards, no inconvenience remaining : in obs. 385. he mentions a very extraordinary case of a *prolapsus uteri* : and in the following observation gives a case of a relaxation of the *vagina*, which, he says, is often mistaken for the *prolapsus uteri* ; the extremity of the *vagina* resembling very much the *os internum uteri* : but observes, they are easily distinguished from one another ; the one adhering all round to the *vulva*, the other being quite loose.—CHAPMAN gives a deplorable case, of a woman killed by an *inversion* of the *uterus* ; he was sent for to the patient in great haste : he went with all speed ; but, on his arrival, found she had been dead near half an hour : he conjectured she had died by flooding ; but, upon asking the question, was answered in the negative : the midwife told him, that the after-birth stuck so fast in one part, that she was not able, with all her strength, to take it from her, though she had gained most of it : upon this, he desired to see the corpse ;

which being granted, he found, to his great surprise, that the *uterus* was *inverted*, and entirely out of the body, hanging down between the thighs, with the *placenta* adhering to its *fundus*; which he separated before the midwife and several matrons, who were present, and convinced them all of the dismal accident: the patient, he adds, had a very good and easy delivery of the child; but that born, the midwife pulled hard at the string, and so brought down the *uterus*; which, as soon as she could take any hold of, she did; and, then pulling with fresh violence, and not being deterred by the loud cries of the poor miserable woman, in a few minutes she fell into strong *convulsions* and *deliquia*, and so expired. This author relates no less than three instances of women who had their *vaginæ* torn and broken through in the back part, by the midwife's rudely thrusting up her hand, in order to come at the opening of the womb; which, in all these subjects, happened to lie very *forward*, *towards*, and indeed, in some measure, under, the *os pubis*: one of these died immediately; the other, a few days

days after; but the third, where a finger only or two, at most, had gone through the *vagina*, recovered, he says, contrary to his expectation. For his account, and recommendation, of a particular kind of *pessary*, to be used in the *procidencia uteri*, when it happens to a violent degree, see his Treatise on MIDWIFERY, under case 57.—In the first volume of the Medical Museum, we have the description of a poor woman, who had a large *prolapsus uteri*, a year and nine months; yet conceived while she was afflicted with that disease; went her full time; was happily delivered of a living child, and recovered.—Dr. SMELLIE, vol. i. p. 418. in treating of the *prolapsus uteri*, recommends a *pessary*, lately invented at PARIS, as having the advantage over all others: and for particular cases of *prolapsi uteri*, *vaginæ*, & *recti*, see his third vol. coll. 44. page 489.—Dr. JOHNSON, in his chapter of the *Descension*, *Protrusion*, and *Inversion* of the *uterus*, mentions a case, where an *inversion* had almost taken place; a midwife (though of forty years practice) having brought
down

down a considerable part of the *uterus*, thinking it was something which ought to come away previous to another child, which she imagined was still behind: nor could he, he says, entirely convince her, and the rest of the women of the contrary, although he replaced the *uterus*, and separated part of the *placenta*, which had been left adhering to it: but the Doctor excuses them in part, by observing, that the patient had an *ascites*, which kept up her bulk after the birth of the child, and probably too occasioned a fulness in the *pelvis*: the case, at last, however convinced them; for towards the end of the month, about three gallons of water came away *per vesicam*, in less than two days. Our author mentions three cases, where the *uterus* descended: in the first, the *uterus* *protruded*, and had been without the *vulva* several days, before he saw the patient. The reduction was difficult, but was completed by a gradual and cautious pressure of the hand; a small *peffary* was placed in the *vagina*, and the patient enjoined to lie in bed, which she did about a month: after she got up, the *peffary*

sary was continued about a month longer; and notwithstanding she was obliged to work hard, was married, and had had a miscarriage, the disorder never returned: in the second case, the Doctor informs us, there was a complete *protrusion* of the *uterus*; the woman had been married many years, but had never been pregnant; the catamenia had ceased at forty, and this was the fifty-fifth year of her age. Her own account of the case was as follows: she had been much hurried in the management of household affairs, having often exerted herself beyond her strength; in 1765, she was seized (without any cause known to herself) with an uneasiness and weight about the loins and *pelvis*, attended with a bearing-down: about a month afterwards, the *uterus* came entirely away, without the *labia pudendi*, and had remained so ever since, except when she went to bed, or made urine, at which times she replaced it herself; having anointed the parts well with oil, he reduced the *uterus*, and placed a wooden *peffary* in the *vagina*; this supported the *uterus* properly: but the patient not finding it easy, a
silver

silver one was placed in its stead; by which means, after a considerable time, the disorder was so well relieved, that she told the Doctor she had left it off about three weeks, and yet the *uterus* had only come down in part. Whenever she was hurried, or exerted herself much, he advised her to continue its use, notwithstanding she found herself so well. In this complaint, Rest is so materially requisite and necessary, during the use of the *peffary*, that the Doctor very judiciously observes, could he have prevailed on his patient, to have lain in bed about a month, and not to have hurried herself afterwards, he is of opinion, the cure would have been compleated much sooner: in the third case, the woman had been afflicted with the complaint for many years; at the time the Doctor saw it, the tumor was much larger than a man's fist; it was replaced by a very gentle pressure; but upon standing it came directly down; he replaced it again, and then applied a *peffary* made of cork, covered with wax, and directed her how to remove it occasionally; but as her

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circumstances would not allow her to keep in bed, in order to have any chance for a cure, the *peffary* proved eventually no more than a *palliative* remedy.—In the third volume of the Medical Essays, under art. 17, we meet with a very extraordinary *procidencia uteri*, in a child about three years of age, which ended fatally; the account is given in a very accurate and ingenious manner, by ALEXANDER MONRO, Professor of Anatomy, in the University of EDINBURGH. In the following article of the same work, is given the description of a *peffary*, as invented by THOMAS SIMSON, M. D. Professor of Medicine in the University of St. ANDREWS. This instrument seems to be constructed with great skill and ingenuity, but appears of too complicated a nature for general use.—Dr. BURTON, in his fourteenth Observation, has published the case of a *prolapsus uteri*, which occurred to him in the year 1748; the patient was about four months gone with child; she complained of a violent bearing-down, and very acute pains in the back and groin, and frequent vomitings,

which

which strained her very much; and, that she could not make any urine, without exerting all the force she was able, and then only about a spoonful came away at a time, and that too seemed to scald her, as she thought. About three weeks before she sent for him, she had a fall from a horse, and some of these complaints soon after ensued; he searched her, and found the *uterus* actually within the *pelvis*, and the *ostinæ* very near the *pudenda*: after placing her in two or three different positions, he tried, by a gentle force, to raise the *uterus* higher into her *abdomen*, but found it no easy matter so to do: he then used the catheter to empty the bladder, that he might have more room to reduce the womb to its proper place; and, to his great surprise, took from her above three quarts of urine, besides what was spilt: after which, he soon raised the *uterus* above the *pelvis*, and kept it in its place by a *pessary*, which she wore till the time of labour, when she brought forth a living, but weakly child: and after this, we are informed, that all her former bad symptoms left her.

Women

Women disposed to a bearing-down, which is a sensation, as if the womb was constantly coming out of the body; our author advises, to lie upon the bed from the very beginning of their labour. His farther directions on this head, and for reducing a *prolapsus uteri*, may be seen p. 166. in his Essay towards a New System of MIDWIFERY: and in another part of his book, he observes, that wherever a woman has been subject to a *descent* of the womb, she ought always to be delivered lying down.—PORTAL has given us the case of a woman, who died by the *inverting* of the bottom of the womb, two hours after her delivery. — We are obliged to Mr. JAMES HILL, Surgeon, at DUMFRIES, for a very judicious and circumstantial account of a large *prolapsus uteri*, accompanied with several extraordinary circumstances; from which it appears, that the *catamenia* flow only from the *uterus*, and not from the *vagina*: this curious case is inserted in the fourth volume of Medical Commentaries; in which we also find many cases of the *retroverted uterus*, by Dr. GARTH-

SHORE,

SHORE, Mr. HOOPER, and Mr. BIRD; with skilful and ingenious remarks on that disease, by Dr. HUNTER: by which it is proved, that the distension of the bladder is one of the most usual causes of the *retroverted uterus*.—In the fourth volume of Medical Observations and Enquiries, article 36, we meet with the history of a fatal *inversion* of the *uterus*, by Mr. JOHN LYNN, Surgeon, at WOODBRIDGE, in SUFFOLK; communicated with an Appendix by WILLIAM HUNTER, M. D. F. R. S. in which is given an account of a fatal *retroversion* of the *uterus*, occasioned by a fright in a young woman about four months advanced in her first pregnancy.—In the fifth volume of Medical Observations and Enquiries, under article 10, is published the case of a *retroverted uterus*, successfully treated by JAMES HOOPER, Practitioner in MIDWIFERY, and communicated by the late learned Dr. FOTHERGILL: the following article also contains an account of a *retroversio uteri*, successfully treated by Mr. WILLIAM BIRD, Surgeon and Man-midwife, at CHELMSFORD, communicated by Dr. HUNTER. The patient, we

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are told, HANNAH JENNINGS, who was about thirty-three years of age, and three months advanced in her second pregnancy, was on AUGUST 13, 1772, after a day's washing, seized with violent pains in her belly, which she supposed to be cholicky, having been subject to complaints of that nature in her first pregnancy; but not finding the usual remedies succeed, and her pains still increasing, she was obliged to have recourse to other assistance. On the 16th, Mr. B—— visited her in the morning for the first time, found her with a smart fever, and extreme pain in the *abdomen*: she had had no stools for three days, and complained she could make but little urine: eight ounces of blood were taken from her arm, and a gentle purge was given soon after. He saw her again in the evening, when the medicine had not moved her to stool; and all her symptoms being much increased, a clyster was prescribed to be administered directly, and repeated in two hours time, if the first should not have operated, and an opiate was ordered at bed-time. Early next morning he was sent for to her, and

told, the clysters could not be injected; that she had passed a very restless night, complaining of great tension of the *abdomen*, extreme pain in the *vagina*, and that she could make no urine; the preceding means proving ineffectual, he suspected her complaints to arise partly from a *prolapsus vaginae*, with which she told him, she had been afflicted since her first labour: and, in order to investigate the real cause, he examined, and found all the parts in an unusual situation; the *os uteri* was not to be discovered; the *vagina* was pressed towards the *symphisis pubis*, by a *tumor* which laid behind it; and upon introducing a finger upon the *rectum*, the same *tumor* pressed strongly against the *os coccygis*. Mr. B—— called in his uncle, Dr. PUGH; to whom the case appearing obvious, the method of relieving her was easy: a little difficulty, he says, arose at first, in attempting to introduce the catheter; but by the assistance of two fingers in the *vagina*, to push back the *tumor*, which pressed the *urethra* against the *symphisis pubis*, it found a ready admission; by which means,

means, eight or nine pints of high-coloured urine were drawn off; a stimulating clyster was afterwards injected, which passed easily, and in a short time after she had two or three copious stools; the tumor, viz. the *fundus uteri* was moveable, and easily replaced; the patient recovered her former health, and went on in her pregnancy. Under article 35, of the same volume, are given two cases of the *retroverted uterus*, by Mr. GARSHORE, communicated by Dr. HUNTER; and which serve as corroborating proofs of the necessity and utility of pursuing the method of treatment, which the Doctor has so fully explained in the fourth volume of the Medical Observations and Enquiries; to which the reader is referred, as well as to article 36, of vol. v. for further remarks on this disorder, by the same experienced gentleman. — The ingenious Mr. CHARLES WHITE, of MANCHESTER, in his Appendix to the Second Edition of his Treatise on the Management of Pregnant and Lying-in Women: Case 19, mentions an instance of a Mrs. W—, who, upon recovering from a fever, and return-

ing to her usual exercise, was seized with a *prolapsus vaginæ*; which he tells us, (except in the latter end of her pregnancies,) hath ever since continued: the same author avers, that his patients generally sit up in bed in a few hours after delivery; and some of them even get out of it the same day; most on the second, and none exceed the third; and least any inconvenience, he says, should be supposed to arise from this early upright posture, he thinks it necessary to declare, that none whom he has delivered, are troubled with *prolapsions of the vagina*, or any other complaint, which he has the least reason to suspect could possibly arise from such treatment: to corroborate this observation of our authors, I can add from my own experience, and vouch for the general utility of this practice; unless in cases of flooding or extreme weakness. I have, at this time, a patient under my care, with a *prolapsion* of the womb, occasioned by the *fluor albus*; the parts were reduced by a surgeon soon after their first *protrusion*, and to support the womb, he introduced a *peffary* of wood;

but

but it proved so very painful and uneasy, that the woman could not bear it, and therefore it was withdrawn; since which, to restore the tone of the parts, and strengthen the constitution, I have put her upon an *agglutinant* regimen, with the use of internal strengthening medicines; forbade too much bodily exercise; and the only *topical* remedy I apply, is a piece of sponge, dipped in an infusion of *flor. balauſt.* in which a sufficient quantity of *rock alum* has been dissolved; and I have no doubt of thoroughly effecting a cure, in due time, by the above simple treatment only. It is to be observed, that *peſſaries* are at best but troublesome remedies, and ought not to be used indiscriminately in all cases of a *prolapsed uterus*; nor indeed at all without the most mature judgment and experience.

C A S E LXXIII.

I N parturition we sometimes meet with embarrassments from various kinds of *herniæ*; the protuberance of either the intestines or *omentum* being increased by the exertions consequent on labour, the *exomphalos*, or *hernia umbilicalis* is, I believe, the most common; and under the influence of very strong labour, if not carefully restrained by either the pressure of soft compress or the support of an assistant's hand, is productive of complicated pain to the patient, as well as great interruption to the labour. A *tumor* of this kind, occasioned by a difficult labour, afflicted a woman in this neighbourhood, who had bespoke my assistance; she had informed me of her complaint, and permitted me to examine the *ruptured* part; she had gone five months of her
time;

time; the *tumor* was of the size of a large ball; the intestines returned into the *abdomen* upon proper pressure, but not without some difficulty; and to secure against a future relapse, I applied a compress, dipped in red port, in which alum had been dissolved: over it a large *adhesive plaister*, and secured them both by means of a broad girdle, the tightness of which I desired might be regulated by the sensations of the patient; and this she did easier, the girdle being made with four small buckles and straps, which she could loosen or make tighter as she pleased; by these means she went to the full term of her gestation, and with tolerable ease. On the fourth of AUGUST, 1769, her labour came on; the head continued to advance gradually; she was placed on her side upon a bed; complained not in the least of the *rupture*, therefore no particular attention was paid to it; the bandage and girdle answering every end of pressure, and was delivered of a very large child without any extraordinary trouble; since that time she has borne two chil-

dren, always observing to wear her bandage tighter when she was not with child, and relaxing it in proportion to her increase when she was. Soon after the birth of her last child, she was attacked with a scarlet fever, attended with an erisipelatous fore throat, and a violent red eruption, on the second day, appeared on the skin; by proper means she recovered of these complaints; but in a few days after the cessation of the fever she was attacked with a dropsy, which terminated in her death,

C A S E LXXIV.

ANOTHER Case, where the patient was afflicted with an *exomphalos*, occurred to me in the year 1772. This disorder had been occasioned by the indigent circumstances of the woman, which obliged her to work hard, and frequently lift great weights; she had tried various methods of relief, all which proved ineffectual, and the *rupture* continued unreduced, probably from the necessity she was under of continuing to labour hard; the violent increase of the *prolapsed parts*; the narrowness of the *aperture* through which they had descended, from some adhesion of the parts, or from a *strangulation* of the intestines; the *tumor* felt very hard, and she could not bear any proper pressure or bandage on the parts; the vomitings, which frequently

quently came on, in consequence of this terrible complaint, alarmed her exceedingly: and, from the pain, uneasiness, and bearings-down, which they often created, she had strong apprehensions of not going her full time; notwithstanding which, she compleated her reckoning, and was taken in labour in the afternoon of the nineteenth of DECEMBER, 1772: the child was well situated, the *uterine orifice* widely dilated, through which the membranes protruded in the form of a large smooth globular bag; her *rupture* became very large, and endued with so much sensibility, that she complained of the least touch from the finger; and the labour pains joining with those of the *hernia*, created the most excruciating and complicated degree of torture and distress; which were in some measure mitigated by the application of a soft cataplasm, in which a drachm of strained opium was dissolved; besides this, an emollient clyster was injected, and the pains continuing pretty briskly, the membranes broke, the head descended, and the delivery was soon over; but notwithstanding this, the pain, sickness,

sickness, and foreness of the parts continued ; a fever came on ; the poor woman was seized with the *iliac* passion, in which the *feces* were voided by the mouth, she became delirious, and expired, immediately after a total suspension of all the before-mentioned symptoms, in the evening of the fourth day. Soon after her death, the parts about the stomach and navel were observed to turn uncommonly black and livid : and, it is not improbable, that this fatal event might be caused by a mortification of the parts brought on by a *strangulation* of the *intestine* in the *aperture* of the *peritonæum*.

CASE

C A S E LXXV.

THE fourteenth of MAY, 1773, I delivered a young woman of her first child, who had been afflicted with a *bubonocoele* from her infancy; before she was with child, she informed me, that she could easily return it with her hand, and wore a truss to keep it from relapsing, and that the *tumor* would at any time subside upon her lying down; but as she proceeded in her pregnancy, it became more and more troublesome, and was so tender, that she was not able any longer to bear the pressure of a truss; the intestines came down below the *labia pudendi*: the parts were red and much inflamed, made great resistance to the touch, and, upon the accession of every fresh pain, she described it, so full, as to be ready to burst; she was hot and restless,

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complained of thirst, and had a very strong pulse; the pains were slight and transitory, with a discharge of *mucus* from the *vagina* and *ostinæ*; and as she was at the full period of gestation, there was no doubt of these symptoms being the true presages of her labour: I judged it right to take away six ounces of blood from her arm, and soon after to administer a saline draught, with fifteen drops of the *tinctura thebaica*. I directed the *swelled parts* to be frequently fomented with warm milk, in which the leaves of marshmallows had been boiled, and a compress dipt in the same, to be constantly applied thereto; the *ostinæ* dilated remarkably slow, which indeed is generally the case in first labours, more than in succeeding ones. By the precautions I had taken, the *rupture* was rendered less troublesome; for although the pains had increased in force, no additional uneasiness was complained of from that part, and the child was born with the assistance of the natural efforts: almost immediately after her delivery, the *tumor* entirely subsided; but upon her getting about,

descended

descended again, so as to require the assistance of a truss, which, in her next pregnancy, she was again obliged to lay aside: and in the labour of her second child, the *os tinæ* dilated in a fourth part of the time which it had done before; the *hernia* was supported by the hand of an assistant, during a pain, and she felt no inconvenience whatever from it, till she was recovered, and able to walk about as usual; but even then, she could, at times, go whole weeks together without the least use of the truss: since her last labour, which happened before any assistance could arrive, she has been so little subject to this complaint, as to have no occasion to wear a truss at all.

C A S E LXXVI.

A DEFORMED woman, of a small size, and weakly constitution, in the sixth month of pregnancy, consulted a surgeon concerning a *tumor* seated in the middle of the *abdomen*, which had been considerably increased by a cough, to which she had been long subject. The person she applied to, having but little experience in these matters, at first applied a large plaister of the *emplast. diachyl. cum gummi*, and afterwards a poultice of fenugreek and flour; giving it, as his opinion, that the *swelling* would come to a head, and break; but, as neither those applications agreed with the disorder, nor his opinion was sufficiently satisfactory to the patient, she thought proper to consult me: and upon examination, I discovered from the inequality of the
inter-

integuments more in one part than another, the tumor to be a *hernia ventralis*: and upon being pressed with the hand, the protruding parts receded into the *abdomen*, but returned again as soon as the pressure was taken off. By way of temporary relief, I recommended such a degree of pressure with compress and girdle, as might at all times be most consistent with the ease of the patient; at the same time for the cough, I took away a small quantity of blood, and directed the belly to be kept open with the use of the *ol. ricini*; but the cough becoming more frequent, I applied a blister between the shoulders, and had recourse to opiates; by which means she procured much relief. The patient had entertained disagreeable ideas of her complaint; which I removed, by assuring her, that it was far from incurable, and that after delivery it would most probably give her little or no farther uneasiness.

* Her *distorted make* was not the best presage of a happy labour; but not to distress her mind with anticipated terrors, I related to her some instances, within my own knowledge, of women,

* For women, who, notwithstanding their deformities, have had very good labours, vide Cases 90, 91, & 92.

whose

whose shape and form were nearly similar to her own, who had experienced no particular difficulties at the time of labour. The cough was abated; the girdle and compress were continually worn, and the *hernia* much less troublesome than usual, and she arrived at the full term of her reckoning: being taken in labour in the afternoon of the 29th of JULY, 1775, and soon after I was sent for to attend her, the pains were weak and transitory; the *os tinæ* was very high up, moist, and beginning to dilate; for the space of twelve hours I found but little difference: at length, however, the pains increased, the *uterine orifice* began to spread, the membranes broke, and at a very remote distance, I could just touch some part of the head: after undergoing a series of severe pains, in which she complained but little of the *hernia*, and finding the head not in the least lower than it was, nor at all pressed down by the pains, I desired she would loosen the girdle as much as possible, and reflecting, that women of her unfortunate form, could assist themselves better in a standing than a lying position; I advised her to walk about the room,

and in the instant of pain, lean over the back of a low chair, which she readily complied with; and, notwithstanding some additional uneasiness from the *hernia*, at every pain, accompanied this mode of treatment, I had the satisfaction to perceive a gradual descension of the head take place; which agreeable discovery I did not fail to communicate as an encouragement to the patient: after a few pains, the head was advanced so low, as to render a recumbent posture on the bed the most safe and necessary, and in a little time afterwards she was delivered of a fine hearty child; I had at first some trouble in bringing away the *placenta*, but it came away easy at last, and I left the woman in a very good condition; the *hernia* entirely subsided soon after the delivery, and its contents were retained in the *abdomen*; nevertheless, I advised the girdle and compress to be continued; but upon her recovery, finding no kind of inconveniency from the *rupture*, she entirely laid them aside, and found no necessity to use them again, till her next pregnancy renewed the complaint, and made their re-application necessary.

CASE

CASE LXXVII.

FOR the following four cases, I am indebted to a Gentleman, late in the practice of SURGERY and MIDWIFERY, with whose abilities, as well as veracity, I had many opportunities of being acquainted. In the month of SEPTEMBER, 1766, he was sent for to a woman, of a naturally thin, lax, and nervous habit, and who had long been subject to a *ventral hernia*; she was in the last month of her pregnancy, and the day before he was applied to, had fallen from a chair, on which she stood, with an endeavour to reach a book from an high shelf; the *ventral hernia* subsided, in consequence of a blow she received from the fall; by which, she at first imagined, she had received little or no hurt; but in a few hours after was suddenly seized with a violent bear-

ing-down, pain, and cry'd out, that her child was come into the world; which was, in fact, a sudden *hernia* of the *uterus* quite through the *os externum*: in this perilous and alarming situation, she was visited by an ignorant woman midwife, by no means equal to any part of the function in which she was employed; who, with much frivolous self-importance, assured the patient that all would be well over as soon as the pains became stronger, but that she must not lay down upon the bed on any account; and that it was nothing but her *rupture* that had come down before the child, which would soon follow; but no pain, farther than one continued anxiety and uneasiness coming on, a *uterine hæmorrhage* beginning, and the woman growing very faint, her relations saw the necessity of superior advice, and sent away with all expedition for the above-mentioned Practitioner, who was luckily disengaged, and gave his attendance instantly; he immediately preferred an horizontal situation, and the woman being laid down upon her left side on a bed,

he

he examined, and discovered an entire *hernia* of the *uterus*, and both that and the child hanging down to some distance below the *pudenda*; she laboured under all the symptoms of *intestinal* and *epiploic herniæ*; the *uterine orifice* was situated in an oblique direction, and so very high up, that he could but just reach it with his finger in the *vagina*; the edges of it he perceived were very thin, and capable of no great resistance; and as the situation of the patient was full of danger, and the solicitude of her friends inexpressibly great, he gradually distended the *os tinæ*, gained admission for his hand, broke the membranes, and found the feet presenting, which he took hold of, and carefully extracted, and afterwards delivered the child; taking care, as much as possible, to support the inferior part of the *uterus*, in such a manner, that it might not receive any injury from its own as well as the child's preternatural situation: thus was the delivery performed, and soon after the *uterus* reduced: which he observes, its own contractions greatly contributed to faci-

litate, he had the satisfaction to find the woman and child recover beyond his expectations. We may rely on the testimony of MAURICEAU for a case, where the *uterus* in a *ventral hernia* was protruded, along with the intestines above the belly, and contained in a tumor of a very extraordinary size. The woman, however, he tells us, was brought to-bed at the expiration of her term, without any thing more than the common assistance. — LA MOTTE has given us several cases of various kinds, and related the particular embarrassments which attended them, during parturition. Vide chap. 6. obs. 319, 320, 321, 322, & 323. And in his following observation, he recites the case of a woman, in a preternatural labour, whose *uterus* and child hung down pendulous, like a bag, to the middle of her thighs; but whom, notwithstanding, he safely delivered, and she recovered beyond his expectations. — RUYSCH mentions a case, where the *hernia*, though *prolapsed* as low as the knee, was reduced by the midwife before delivery; which was afterwards safely performed, and the woman had a good recovery.

CASE

C A S E LXXVIII.

THE same Practitioner was desired to go to the assistance of a Gentlewoman, who had been nearly a week in labour; she was attended by two Gentlemen of the profession; the first of whom was called on the third day; after a midwife had informed him, that the patient had borne four children, whose births had all been easy and natural; that about six weeks before the commencement of her labour, she had unfortunately slipped down stairs, and received a violent blow on the left side of her belly; that, upon being taken up, she exclaimed, that *something had given way, and broke within her*; and from that time she had almost continually complained of an acute pain in the *hypogastric* region: this was the account which he had received from the midwife.

He farther informed him, that on his arrival, he found the *uterine orifice* somewhat dilated, the membranes broke, and the pains weak and distant; she complained of nausea, vomiting, and a fixt uneasiness in the *hypogastric region*; he gave her an opiate, and as she had had no stool for two days, ordered an emollient clyster: upon being called again, the next day, he found the *os tinæ* something more dilated; the labour pains were rather stronger and more frequent, and the pain about the *os sacrum* and *hypogastric region* much increased; she vomited often, the pulse was low and quick, the head not in the least advanced into the *pelvis*, scarcely to be felt, and seemed to recede, rather than to protrude in time of a pain; extreme weakness soon afterwards ensued; she could not lie down without the most intense pain; a posture, between setting and lying was proposed; but even that was so very painful, that she had not the least ease, and was obliged to be got up right again, which was only a momentary relief. Another Practitioner was called in, who finding
things

things in this desperate situation ; the patient enfeebled and sinking, and great dejection prevailing over the friends and attendants ; it was agreed, that the author of this case might be sent for, which was accordingly done ; he describes the patient under much loss of exertion, the *fœtus* very high up, and receding from the touch ; the woman continually racked with pain in the *abdomen* and about the *os sacrum*, without the least intermission ; flooding, often vomiting, scarcely sensible, and voiding her urine involuntarily : in this distressing crisis, with the concurrence of the other Gentlemen, the delivery was effected with as much expedition as possible, by turning the *fœtus*, and extracting it by the feet ; the child was very livid and black, and appeared to have been a long time dead. Soon after the delivery the pulse sunk, vomiting, hiccup, and convulsions came on ; and notwithstanding every possible means was used to save the patient, she died delirious on the third day after her delivery. Having obtained leave of her friends, the Gentlemen concerned in the case, proceeded to open
the

the body; and upon making an incision through the integuments of the *abdomen*, a bloody discharge of a very *fetid* smell issued from the opening; the *omentum* contained a quantity of *purulent* matter, was black and gangrenous; the stomach was distended and inflamed; the intestines were swelled and inflated; great part of the *peritonæum* bore a very *morbid* appearance, was greatly discoloured; in some places covered with *hydatids*, and wholly separated from the *uterus*, which contained a great quantity of extravasated blood and *fetid coagula*, and was found *ruptured* in its cavity next to the *internal orifice*, and within an inch of its edges to the breadth of nearly four inches; the body of the *uterus* was much less discoloured than the *collum uteri*, which had a very black and gangrenous appearance; the bladder was not in the least affected; nor did any *morbid* appearances prevail over the ligaments of the *uterus*, the *ovaria*, or *fallopian tubes*: as the symptoms, which immediately came on after the accident were highly characteristic of the injury done to the *uterus*,
there

there appears every degree of reason to ascribe this fatal event solely to the violence of the fall.

—All writers agree, that the *rupture* of the womb, is one of the most deplorable occurrences which happen in labour; because such cases are generally fatal both to mother and child.

Instances, however, are not wanting of women who have survived this terrible accident: and

ASTRUC mentions one, of a woman, at THOULOUSE, in FRANCE, who carried a child in the

cavity of her belly for twenty-five years, which had opened itself a passage in a bad labour, by

rupturing the womb, as appeared on opening the woman after her death. — In the Medical

Commentaries, vol. vi. p. 123. we meet with no less than five cases of different labours, in

all of which *ruptures* of the *uterus* occurred; in some of them, our author (Mr. JOHN STEI-

DELE, Surgeon of VIENNA) was immediately concerned as a Practitioner in MIDWIFERY; the

others were communicated to him by friends and acquaintance. In the first of these cases,

he gives a particular detail of all the symptoms

toms attending his patients, which are generally consequent upon a *ruptured uterus*; the violent pain in the region of the *os sacrum*, he says, had continued without interruption, till a *sudden cracking noise* had been observed, even by the by-standers; and that immediately upon this the pains had abated, but a very considerable *hæmorrhage* occurred from the *vagina*; the head of the child, which had before continued to present, could not now be discovered, and the woman being in a desperate situation, he thought it adviseable to effect a delivery immediately by the feet, which was accordingly done, the child being dead; but as it did not appear to have been long so, some attempts were made for its recovery, tho' without effect. Our author further tells us, that nothing was omitted, that could, with any probability, be of service to the mother; but no relief being obtained, she survived to the twelfth day only after her delivery: he then proceeds to describe the appearances of the stomach, intestines, *omentum*, and parts contiguous: and adds, that the cavity of the *uterus*

contained

contained a quantity of black *putrid* blood; that the body of the *uterus* itself, near to the *ruptured* parts was *gangrenous*; but that the *peritonæum* covering that *viscus* was not in any degree affected. — The second case he relates, was communicated to him by Mr. CRANTZ; a woman having died in the course of a tedious labour; the *Cæsarian* operation was performed soon after her death, when the *uterus* was found *ruptured* to such an extent, as to admit of the body of the *fœtus*, being almost wholly protruded into the cavity of the *abdomen*: the only circumstance, which occurred on dissection, as the cause of the *rupture* of the *uterus*, was the size of the *fœtus*, which was much larger than usual; and from the account given by the midwife who attended, it had probably presented in a *preternatural* direction. The third and fourth Cases, we are informed, occurred to Mr. LEBMACHER, of VIENNA; the *Cæsarian* operation was in both performed, soon after the death of the mothers: but it is not said, whether either of the children were saved: a very concise and distinct

distinct account is given of the different circumstances, which happened in the fifth case, by Mr. STEIDELE; to which the reader is referred: and, I shall only observe, that in the five cases here related by our author, the *ruptures* all occurred in different situations of the *uterus*; from which he very reasonably infers that every part of that *viscus* is equally liable to be *ruptured*.

C A S E LXXIX.

I N all the disorders of the soft parts, which have rendered labours difficult, no one so seldom occurs, or has been taken less notice of by writers in MIDWIFERY, as the *swelling* of one of the *labia*, to such an excessive degree, as to give most exquisite pain to the patient, and much trouble before the birth of the child: in the course of a long and extensive practice, I never met with an instance of it; but I can rely on the testimony of the Gentleman, to whom I owe the two preceding communications, for a case of this kind, which occurred to him on the 29th of JUNE, 1772; early in the morning of which day, he was called to the assistance of a woman in labour of her first child; she had been attended by a midwife for the whole of
the

the two preceding days and nights: upon enquiring into the case, he was told, that her pains had been very sharp and strong for many hours together; that the membranes burst at eleven o'clock the night before; and the waters from that time had continued to come away with so much blood, as to make the patient very faint and low: he was also privately informed by the midwife, that a part of the child, or after-birth, which felt soft and fleshy, was come down, and pushed forward in a pain, but could not be delivered. He found the woman in a weak and dejected state: and, upon examination, discovered a *tumor* of an uncommon size, soft, large, and covering the whole of the *external orifice*; by carrying his finger round the *tumor*, he got admittance to the *os externum*, which was much distended, and the head pressing closely down upon it; he had at first taken this *swelling* for an *hernia*; but upon enquiry was informed, that the patient had never perceived the least *enlargement* before her labour commenced; and that soon afterwards she found a gradual *increase*

of

of size, which gave her excessive pain, till the tumor burst, and discharged its contents, when the pain abated, and she was easier: upon inspecting the parts, he found the *swelling* entirely confined to the left *labium pudendi*, and that the bleeding had entirely proceeded from the aperture of the part which had burst; not apprehending any danger from this discharge, in a part, where no considerable blood vessels could be ruptured, he was not in the least alarmed, but recommended the patient to be liberally supported with nourishment; a poultice of bread and milk, softened with the *unguentum flor. sambuci*, to be immediately applied to the parts; and after administering thirty drops of the *tinctura thebaica*, in a cupful of tea, advised patience, as the only remedy to bring matters to a safe and happy issue; the patient soon got some refreshing rest, which she stood in very great need of; the poultice was renewed; the pulse became stronger; the *swelling* diminished; the *hæmorrhage* was too trifling to be considered as a matter of any consequence; the head slowly, though gradually

advanced, and in twelve hours from his first attendance the patient was safely delivered: soon after which, the parts were fomented with warm milk and water, dressed with a digestive for a few days; at length healed without any farther trouble, and the patient had a tolerable good recovery. There is sometimes a contusion of one or both of the *labia magna* in natural births; probably owing to the great distension of the *os externum*, in receding from the pressure in the passage of the child's head; so that some of the smaller vessels may be ruptured, and an *ecchymosis* ensues: two instances of this kind, we meet with in the fifth volume of The LONDON Medical Observations, as related by Dr. MACBRIDE of DUBLIN; which were both after delivery: and Dr. ROBERT MAITLAND, of EDINBURGH, in the Medical Commentaries, vol. vi. p. 85, describes a case in many respects similar to the above: with this difference only, that the *hæmorrhage* was more violent, and the *tumor* felt to the touch, like the membranes of the *fœtus*, when far protruded, before they break in delivery: the *tumor*, he tells

tells us, spread itself all over the mouth of the *vagina*, and was nearly as large as the head of a new born child; and the inside of the *labium* was turned so much outwards, that on the first application of the hand, the skin and hair of the parts were not at all felt: in short, he says, on the surface, there was no mark whereby to distinguish it from the protruded membranes; and he is apt to suspect, that the midwife had, in reality fallen into this mistake; and that the opening into it, which he then discovered, had been made by her on that supposition: this opening was big enough to admit his middle finger, and from thence the discharge of blood had evidently proceeded; his advice was, to wait patiently for the delivery, when he imagined the *swelling* would subside: he therefore ordered the parts to be fomented with a strong infusion of *chamomile flowers*, and in the intervals of the fomentation a warm cloth was constantly applied over them: the birth, he says, advanced with a gradual, tho' slow progress, and before night the size of the swelling was considerably diminished; the flow

of pure blood had stopt, and only clots continued from time to time coming away; the next day the patient was delivered, and in three hours after that the *tumor* had very much subsided; and he ordered the same applications to be continued: on the day after her delivery she had an incontinence of urine, complained much of pain in the bottom of her belly; and he discovered, that in the birth, the *perinæum* had been lacerated almost quite to the *anus*, though it had escaped the observation of the midwife who had delivered her; the *swelling* was almost quite gone, and only discharged a small quantity of purulent matter from the edges of the orifice; the parts were washed frequently with milk and water, and the lacerated *perinæum* dressed with *unguent. basil. flav.* the discharge, which was at first extremely offensive, soon became less so, and diminished in quantity; the incontinence of urine only continued two or three days, and the patient had a very good recovery: after finding that the *swelling* was confined to one of the *labia pudendi*: our ingenious author avers,
that

that he suspected it to be a *hernia*; but upon being informed that the patient had never known any such complaint, prior to her labour, this supposition was not probable; and upon introducing his finger into the opening, he was soon convinced that there was nothing contained in it but coagulated blood: it would seem, says he, that by the pressure of the child's head, and the violent stretching of the parts, during the labour-pains, some of the small blood vessels had been burst, and had deposited a quantity of blood in the *cellular membrane*, which is interposed betwixt the doublings of the skin that form the *labia pudendi*; that this is the nature of the *swelling*, appears more probable, when we compare it to the *hæmorrhoids*, which it exactly resembles: and I am persuaded, continues he, that the same astringent applications, which are proper in *them* would, likewise in this case, be the best remedies: in regard to the orifice, which we have conjectured to have been made by the midwife, it must be allowed, that the *swelling* might

have burst of its own accord; yet he is inclined to think otherwise, from its having happened before the internal lining of the *vagina*, (a firm compact membrane) could in all probability have given way, and from the great difficulty there was of distinguishing the *swelling* from the surface of the protruded membranes. He purposely avoids saying any thing of the incontinence of the urine, or the laceration of the *perinæum*; as accidents not uncommon in laborious cases; nor would an account of them contribute to the right understanding of the *swelling*, which alone he meant to describe.

IN this disease of the *labia magna* in time of labour, we find, in general, that the *swelling* gradually increases to such a degree, as to give excessive pain; and, at length, when the *tumor* bursts, the pain immediately abates.

C A S E LXXX.

FROM the same source of intelligence as the three preceding histories, I derive the subsequent case of a young Lady, of an irritable and delicate habit; who, in a short time after marriage, was attacked with frequent retchings and sickness, particularly of a morning; she loathed her food, lost her appetite, and was sometimes seized with a *vertigo*, was often drowsy, and laboured under pain and tension in her breasts; these complaints were looked upon by her female acquaintance as the surest indications of pregnancy; but their opinion was much staggered by the appearance of her *menfes*: a circumstance which had never before attended her; this discharge she had first experienced on the first of MARCH, 1773; again on the 27th of the same month;

and a third time, on the 24th of APRIL: in this state of the case, by the advice of her friends, she had recourse to the Gentleman, to whom I am obliged for this information; who feeling the *os tincæ* high at the brim of the *pelvis*, and the womb, as he describes it, *rather poizing on the end of his finger*, determined him to pronounce her in a state of pregnancy; finding her of a lax habit, he prescribed *tonics* to brace her nerves; forbade her drinking much tea, to which she had been too partial; advised a loose system of dress, the greatest ease of body, and a nourishing balsamic diet. At the next monthly period, the *menfes* flowed again; but now the *uterus* began to rise above the *symphisis* of the *pubes*, and the motion of the *fætus* became so evident, that not the least doubt remained of the case; she continued to *menstruate* to the full end of her term; when, after an easy natural labour of a few hours, she was delivered of a small child, much more healthy and strong than could have been expected: but what was very extraordinary, she never afterwards either conceived or menstruated, yet

enjoyed

enjoyed a tolerable share of health. In the first class of disorders which attend pregnancy, there is not a more certain criterion of that state, than the obstruction of the *menfes*; yet it may become a very difficult point in MIDWIFERY, to ascertain the pregnancy by this rule alone: and we find by the foregoing case, that even the appearance of them, after conception, is not a certain sign to the contrary; therefore, to decide by the touch, must at all times be the most preferable method, as the least liable to error.—DAVENTER has related an exception to the general rule of ascertaining impregnation by the obstruction of the *menfes*, in the very singular case of a woman who had never her *courses* before the child was conceived; but that afterwards, even to her delivery, they flowed at regular and set times; after she was brought to-bed, they flowed again till her next conception; and then they flowed, and left off as before, till she had bore all her children; so that there was no more certain signs of her conception than the returns of her *courses*, and yet she was in perfect health.

CASE

CASE LXXXI.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

“ MARCH 24, 1769.

“ DEAR SIR,

“ **A**N uncommon occurrence in
“ practice which never before fell to my share,
“ induces me to trouble you with the circum-
“ stances attending on it; which are as follow:
“ —A person, in the practice of MIDWIFERY,
“ was sent for to a young woman in labour
“ of her first child; it was a preternatural case;
“ the feet presenting, violence and hurry were
“ used; the body was delivered with much diffi-
“ culty;

“ culty; and by being pulled with too great a
 “ degree of force, was separated from the head,
 “ which was left sticking in the *pelvis*; this so
 “ much alarmed and terrified the attendants,
 “ that it was thought expedient to call in farther
 “ assistance, I was sent for: and in about six
 “ hours after the accident happened I arrived at
 “ the house, which was a scene of tumult and
 “ confusion; the *accoucheur* stood reproached from
 “ all quarters, his knowledge was called in ques-
 “ tion, and his practice censured; whilst he al-
 “ ledged in his own behalf, that what he had done,
 “ was intended for the best, as the child had been
 “ long since dead: an assertion however, which I
 “ found gained but little credit from the bye-
 “ standers; having fallen in the esteem of whom,
 “ and lost the confidence of the patient, he had
 “ been denied any endeavours to deliver the head:
 “ his situation was truly embarrassing, and requi-
 “ red consolation; although his deportment to
 “ me at first was not the most gentle, yet reflect-
 “ ing how much he had had to ruffle his tem-
 “ per,

“ per, and disquiet his mind, I passed it over in
 “ silent pity; assured him, I wished not to take
 “ the least advantage of his unlucky situation,
 “ which might have happened to any one; that
 “ I begged we might look upon it as one com-
 “ mon cause, in which we were both embarked;
 “ and in conjunction endeavour to finish the
 “ business with safety to the patient, and satisf-
 “ faction to the company; the woman had lost
 “ but little blood, yet was very faint, and suf-
 “ fered much anxiety of mind; there had been
 “ an entire cessation of labour pains for some
 “ time: I gave her all the encouragement in
 “ my power, and upon examining, found the
 “ head in the *vagina* at the bottom of the
 “ *pelvis*; one ear of the child being under the
 “ *ramus* of the *ischium*, determined the situa-
 “ tion of the head: I therefore proposed the use
 “ of the forceps, which was approved of; and
 “ the patient being placed on her left side, near
 “ the edge of the bed; having lubricated one
 “ blade, I carefully conducted it between the
 “ head of the child, and the hand previously in-
 “ troduced: the second blade of the forceps I
 “ applied

" applied in the same cautious manner, and ha-
 " ving locked them, began gently to extract, by
 " intervals inclining the handles to the *abdomen*,
 " till the head began to extend the *external ori-*
 " *fice*; then supporting the *perinæum* to prevent
 " its being lacerated, within the space of twenty
 " minutes entirely effected the delivery; the *pla-*
 " *centa* was extracted very gently to prevent
 " flooding: and the patient continues in a fair
 " way of recovery. I am, &c".

THE ANSWER.

" DEAR SIR,

" **I** AM obliged to you for the
 " Case, in which the head was left in the *vagina*;
 " had it been in the *uterus*, embarrassments of
 " a more alarming nature, than those which you
 " encoun-

“ encountered, might have followed, and it
 “ might have been found difficult to ascertain the
 “ head’s situation; in which case, the forceps,
 “ of either sort, would perhaps have proved
 “ insufficient, and the crotchet or nature must
 “ ultimately have done the business. I had
 “ lately a case of the head’s being left behind in
 “ the *uterus*; many unsuccessful attempts had
 “ been made to deliver it; the danger of the pa-
 “ tient made its dislodgment absolutely necessary;
 “ I passed one hand pretty high up, and the *ver-*
 “ *tex* being brought downwards, and the head
 “ pressed upon firmly by the hands of an assist-
 “ ant, the crotchet was introduced within side
 “ my hand, turned and fixt in the head immedi-
 “ ately above the left *temporal* bone; my other
 “ hand being passed up on the opposite side as an
 “ antagonist to the crotchet, and the fingers hook-
 “ ed in the mouth, the head was brought thro’
 “ the *pelvis* without any very great difficulty:
 “ you will please to observe, however, that had
 “ the dimensions of the head been larger, it
 “ might have proved a much more arduous task,
 “ and

“ and the head must have been brought through
 “ the *pelvis* with greater mechanical observation.
 “ I commend you for entering into no contest
 “ with the Practitioner who was first sent for ;
 “ *for the best may err* : his want of judgment
 “ was a great misfortune both to the patient and
 “ himself, and may afford us a useful lesson un-
 “ der similar occurrences : various *tire a têtes*,
 “ *nets*, *nooses*, &c. have been invented for ex-
 “ tracting the head, when thus separated and
 “ left ; but, I trust, and believe, that the *for-*
 “ *ceps*, *hook*, or *crotchet*, will, in this exi-
 “ gency, ever have the preference.

Yours, &c.”

CASE

C A S E LXXXII.

I N the two preceding Cases, we may observe, that it was found expedient to accomplish the delivery, by extracting the head with the forceps and crotchet; but there are many instances wherein the head has been entirely separated from the body by the violence of the force used, or from the putrified state of the *fœtus*, and afterwards expelled by the action of the *uterus*, without any ill consequence to the mother. A woman in this town, named CHAPMAN, remarkable for unfortunate labours, was attended by a MAN-MIDWIFE, of MAIDSTONE, in the month of JUNE, 1759; who, after waiting with her a considerable time, and finding a wrong presentation, judged it proper to turn the child, which with much difficulty he effected, brought down the
feet,

feet, and delivered to the head; in extracting of which it separated at the *vertebræ colli*, and was left in the *uterus* till the eighth day afterwards, when it began to come away in a dissolved and highly putrid state. During the whole time of its retention, the woman suffered exceedingly by sickness and nausea; from which she was never totally relieved, till the whole of the remaining substance was expelled from the *uterus*. She had not felt the child for several days, and had complained of coldness and a heavy *tumor*, gravitating in her belly; and from the marks of putrefaction, which appeared on the body of the child when delivered, it was plain that it had been dead for some time.

C A S E LXXXIII.

ON the 2d of AUGUST, 1768, I was sent for to ELIZABETH BARNES, a poor woman, of the parish of WATERINGBURY; she was naturally of a weakly constitution, and had always been subject to tedious and difficult labours: upon the breaking of the membranes the feet presented, which the midwife laid hold of, and without paying any regard to the return of pains, in a violent and hasty manner pulled and brought down the child, so that the body was protruded; but the head sticking in the *vagina*, she had made several efforts to deliver it, and with so much force, that the integuments and muscles had given way, and were beginning to separate: she told me the child had stuck at the shoulders, and that she had found hard work to get the arms
down:

down: I wrapped the body, which was delivered in a cloth, and raising it up towards the belly of the mother, introduced the fore-finger of my left hand into the mouth of the child: I then ordered an assistant to press down lightly upon the *abdomen*, and with a semirotatory motion, and at the same time a gently pulling force, brought the head to descend and enter the *os externum*; and then proceeding with care, and cautiously guarding the *perinæum* from laceration, terminated the business in a few minutes; the *placenta* separated, and came away very easily; but the patient catching cold in the delivery was thrown into a fever, and did not entirely recover for several months; the child did not appear to have been long dead, and would most probably have been born alive, had a more judicious method of delivery been at first adopted.—I have delivered this woman twice since, and in both cases the children presented wrong.

C A S E LXXXIV.

THE wife of a poor man, named SIMMONS, was taken in labour on the 29th of NOVEMBER, 1774; soon after which she was attended by a midwife; her pains were at first small, and not forcing; she had long intervals between, and continued so for two days: soon after which they became stronger, and more powerful; the membranes broke, and the breech presented, which was gradually pushed forward, and the whole body of the child was protruded to the head, which stuck fast in the *vagina*, and could not be delivered; the midwife prudently declined making use of any great force, and sent for me: five hours had elapsed before I could attend on the case; when I came, I found an entire cessation of labour pains, and the child in the situation as above described; the pulse and countenance

nance of the patient indicated extreme weakness: I raised the child up to the belly of the mother, and passing the fore finger of my left hand into the mouth of the child, whose face was to the *sacrum*, gently strove with my hands to extricate the head; but was not able by any means to effect it, and being unwilling to exert such force, as might endanger a separation of it from the body, (as there was no doubt of the child's being dead; and the woman had borne several children before;) resolved upon the use of the *long curved forceps*; the woman, though feeble and disheartened, was stubborn and untoward, being naturally of a fretful and uneasy disposition, and it was with some difficulty, that I could make her sensible of the necessity there was for delivering the child; it was a period of much embarrassment: however, having in some measure overcome her perverseness, by the best assurances I was able to give her, and recruited her spirits with some mulled wine, she was plac'd on her left side near the edge of the bed; an assistant supported the body and arms of the child, and raised them up enclosed in a cloth to

the belly of the mother; who being supported by a proper number of assistants. I introduced my left hand along the face up to the ear, carefully passed up one blade of the forceps; and soon after, the second, in the same manner as the first, on the opposite side, the forceps was then locked; the head being large made some resistance, but by exerting the power of the instrument gently and by intervals, the forehead being brought down, the handles of the forceps were raised upwards, and presently after the head was delivered: the child had a livid appearance, and the scalp was much enlarged and tumefied; the *placenta* followed soon after the delivery of the head without any trouble; and the woman remained pretty well till the third day, when, from errors in her diet, and want of tranquillity of mind, she was attacked with an *ephemera*; of which, however, by proper management, she soon got the better, and by the end of the month sufficiently recovered her strength to follow her domestic business as usual: the difficulty that occurred in this case was from the disproportion

proportion of the head, which from chin to *vertex* was nearly seven inches, and laterally, from temple to temple, four and a quarter.—MAURICEAU, when the infant's head is separated from its body, and remains alone behind, whether because of putrefaction or otherwise, directs the Surgeon immediately, without delay, whilst the womb is yet open, to introduce his right hand to find the mouth of this head, (for there is no other hold) and having found it, says, let him put one or two of his fingers into it, and his thumb under the chin, and then, by little and little, draw it forward, holding it so by the jaw; but if that fails, as it often will when putrified; then let him pull forth his right hand, and slide up his left, with which he must support the head; and with the right take a narrow crotchet, but strong, and with a single branch, which he must guide along the inside of his other hand, keeping the point of it towards it, for fear of hurting the womb; and having thus introduced it, let him turn it towards the head, for to strike it into either an eye-hole, or the hole of an ear,

or behind the head, or else between the *futures*, as he finds it most easy and convenient, and then draw forth the head so fastened with the crotchet, still helping to conduct it with his left hand; but when he hath brought it near the passage, being strongly fastened to the crotchet, let him remember to draw forth his hand, that the passage, being not filled with it, may be the larger and easier, keeping still a finger or two on the side of the head, the better to disengage it: he also recommends a soft fillet or linen slip, of the breadth of four fingers, and the length of three quarters of an ell or thereabouts: this he directs to be put up beyond the head, so as to embrace it as a sling doth a stone; but this is a very doubtful contrivance, and not in the least to be depended on. — GIFFARD, Case 69, mentions the delivery of a *fœtus*, of about six months; the child was putrified, and by pulling at the body the head separated from it, and remained in the *uterus*: as he had no instruments with him, he immediately passed up
his

his hand into the *vagina*, and the ends of his fingers into the *os internum*, which he gently dilated, and then pushing them forwards in the *uterus*, tried to take hold of some part of the head; and at length, by pressing the end of a finger against the upper part of the head, he thrust it through the outer integuments (they being very tender) into the skull, and there bending it in the manner of a hook, cautiously drew the head forwards, and by this method fetch'd the head out of the *uterus*: in Case 128, he likewise gives us an instance, where the child was, *all but the head*, protruded beyond the *labia pudendi*, but that stuck above, although the midwife had pulled so strongly, that she had nearly separated the body from the head. The occasion of the child's being stopped at the head, he judged to be from the face being turned upwards towards the *os pubis*, and the chin's falling over the said bone. The midwife being ignorant, did not take care to turn it towards the spine of the mother as the body advanced; he therefore immediately put up one hand to the head, and endeavoured

voured to move it off the *os pubis*, and prefs it more backwards into the *vagina*; which fo far fucceeded to his wifh, that by gently pulling at the fhoulders, he brought it out in a minute's time: he obferves, that had he been there at the firft falling down of the feet, he might very probably have faved the life of the child: and juftly remarks, that felf-fufficiency, joined with an idle notion, that they fuffer in their character, if they fend for a man's affiftance when they meet with a difficult labour, generally prevents moft midwives from fending early; by which they too often endanger the lives both of mother and children, and give no fmall trouble to the MAN-MIDWIFE. — CHAPMAN relates the cafe of a child prefenting with its feet, which happened to flick at the head; and the midwife pulling hard, the neck wholly feparated from the body, and the head was left behind; he immediately paffed his left hand into the womb, and taking the head in the hollow of his hand, carefully introduced the crotchet, keeping the point all the way againft his arm, fixed it

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in the head (which being of a globular figure, and very slippery, he remarks, is not to be done without difficulty) and so drew it away, diligently guarding the point of the hook, lest it should slip and wound the woman: he says, that however, the larger the head happens to be, the crotchet, with due care, will destroy its texture, and extract it; but that the knife, which is so much recommended by MAURICEAU is, in his opinion, a very dangerous instrument, nor ought it ever be made use of on this occasion.—PUGH, speaking of the head being separated from the body and left in the womb, describes it as a most melancholy circumstance, as there is usually great difficulty met with in extracting it; proceeding from its round figure, on which no hold, without the greatest difficulty, can be taken, and being extremely slippery from the moisture of the womb. There have been, he says, various methods proposed by different authors for performing this operation, as crotchets, bands, nets, &c. all of which seem badly calculated for success, especially with safety to the patient:

tient: it is a case he owns he never met with, and is of opinion, that where there is proper knowledge and care in the operation of turning, believes it *never* will happen to any one; but, for my own part, I find myself obliged to differ from our ingenious author in this respect, as it is an accident which has happened to Gentlemen who have derived great reputation from their practice, and from whose experience the obstetric art has received much accession; but since the invention of the forceps, this sinister accident has been much less frequent. The Doctor informs us, that should the case happen under his care, the method he should take would be to introduce his hand, and turn the head, so as to present in a proper natural posture to the mouth of the womb, ordering a person at the same time to press externally to keep it in that situation, then he would introduce Dr. BURTON's *extractor*; and if that should fail, he should introduce his own *curve crotchet forceps* next, with which he thinks he could extract it with ease, if the separation happened from putrefaction. But if it was from disproportion of size, between the
head

head and the passage through which it was to make its exit, he should not attempt, he says, to extract the head before he had evacuated the brain, by keeping the head tight to the passage, till a large perforation was made with some proper instrument; and the pressure of the forceps upon the head would evacuate the brain, and then extract it. In the first of these cases, most probably nature alone might be sufficient to do the business; but in the second, the lessening of the head would perhaps be absolutely necessary. — LA MOTTE, book 3, chap. 23. describes a case of the head's being left in the *uterus*, the body having been delivered, and torn from it with great force: and in the Supplement to his Treatise, he has related an instance, in which another Gentleman could not deliver the head which was separated from the body and left in the *uterus*; nevertheless he went to bed, and the first news he heard in the morning was, that the head was delivered by the mere assistance of nature only. — Dr. OULD considers the head separated from the body and remaining in the womb, as a most melan-

melancholy circumſtancé, objects to the various methods laid down by MAURICEAU for its extraction ; mentions an improvement of the writer's invention of a purſe for this purpoſe, by Mr. AMAND, a French ſurgeon ; but thinks the difficulty of putting the head into it, as great (if not more ſo) as putting it into the ſling : he conſiders the ſeparation of the head from the body, from the diſproportion of ſize between the head and the paſſage through which it is to make its exit ; and when this is the caſe, ſays, the firſt thing to be done is to leſſen the ſize of the head (without which the moſt ingenious machine is trifling and inſignificant) after which there needs no other contrivance than the operator's hand to bring it away : he condemns the ſharp pointed knife of MAURICEAU as a dreadful weapon : and from the conſiderations of its dangerous tendency, ſuppoſes, that AMBROSE PARRE and GUILLIMEAU propoſe a very ſhort knife to be incloſed in the operator's hand, till introduced into the womb ; but imagines that they never made uſe of this inſtrument : for in the firſt place, he obſerves, that it would be
impoſ-

impossible to introduce the hand in a form necessary to contain this knife; and were it introduced, there must necessarily be a hand quite disengaged to find out the *futures*, and hold the head steady, to resist the force of the penetrating instrument; wherefore he pronounces the scheme, if ever attempted, to have proved unsuccessful: now, continues he, let the considerate reader reflect on the objections raised to the several methods of, and instruments for, the extraction of the head remaining in the womb separate from the body, I am convinced he will allow, that the evacuation of the brain is first necessary, as conducive to the performance of this operation; and consequently, all the methods prior to it, as drawing it forth by the lower jaw, application of crotchets, sling or purse, are confuted: he will also agree with me, in condemning long or short knives as dangerous and ill contrived; therefore it now remains, that we should find out some instrument more convenient and less dangerous: for which purpose, he humbly offers the *terebra occulta*; of which he has given a particular description and

copper

copper plates, page 167, in his Treatise of MIDWIFERY; in which instrument, he presumes, is obviated every objection already raised to the before-mentioned instruments; and to confirm his assertion, gives us the following history:—In JANUARY, 1739, I was sent for, says he, to the assistance of a servant, who lived in a public-house at the corner of CHANCERY-LANE, in GOLDEN-LANE: she was a woman of exceeding low stature, and much distorted in her shape; she had been in labour for two days before, yet there was no dilatation of the *os tincæ*, except what a small bag of water had made; upon dilating the orifice I found a most strangely misshapen *pelvis*; as if there had been a luxation of the *os sacrum* and lower *vertebra* of the loins, whereby the upper extremity of the *os sacrum* was turned down to the *os pubis*, which likely had been the case: I immediately perceived the impossibility of the infant being brought forth head foremost; wherefore, with exceeding great difficulty, I put my hand very well oiled thro' this narrow passage, and with as much difficulty

turned

turned the child to bring it by the feet;—after two hours excessive hard toil I brought the body and arms into the world; but had it been to save my own life, I could not have brought away the head; wherefore, after many vain endeavours, I was at last obliged to separate the body from it, by turning it round, whereby the neck was dislocated; I fortunately had the last mentioned instrument with me, so immediately introduced my left hand into the womb, and held the head between my thumb and middle finger, fixing the index on the *fontinelle*; by which means I held the head steady, and at the same time pointed to the place where the perforation was to be made; I then took the *terebra occulta* in my right hand by that part of the *capsula* which contains the spring, and thrust it forward till it arrived at the *fontinelle* by the direction of the *index*, being free from any danger therefrom on the patient's side, and so pushed in the handle, whereby the operation was performed; then by squeezing the bones of the head together, I evacuated the greatest part of the brain, and introduced two

fingers into the perforation, drew the head forward with as much ease as the narrowness of the passage would admit of, having more difficulty in bringing away my hand than the empty scull; afterwards I brought forth the *placenta*, and cleansed the womb of the brain, &c. with my hand: this patient recovered, and is still living and well; which, in my opinion, could not have happened, were it not for the assistance of the *terebra occulta*: this was the most laborious operation I ever performed; though it was in the midst of the great frost, yet I sweated through all my cloaths, and my left hand was so swelled, that I could not make use of it rightly in ten days after. — Dr. BURTON, after recounting various inventions for delivering the head when separated from the body, and giving us his objections and remarks distinctly thereon, observes, that OULD is for opening the head in this case with his *terebra occulta* (which he does not allow to be a discovery of his own), but that method, though better than many of the foregoing, is attended with its difficulties:

for,

for, says he, suppose the orifice made with this instrument, and that the operator had his finger introduced therein, yet, as the head is fixed to nothing to keep it steady, he will find it no easy matter to break and scoop out the brain, because both the *ossa bregmatis* will so closely squeeze the finger, that the head will turn as his finger turns: the Doctor next appeals to every considerate person to reflect on the several methods of, and instruments for, the extraction of the head remaining in the womb separated from the body, with all the objections thereto; and he is convinced, that they will allow the method with his *extractor* (of which he has given an engraving, tab. 17. fig. 6, 7, 8, & 9, in his Essay on MIDWIFERY) is by much the safest and most expeditious; for the operator has only to introduce one hand into the womb, by which he holds the head steady, and with the thumb or finger of the same hand guides the end of the *capsula*, in the manner which he has directed to the *suture* at the *apex*, and then fixes the instrument and brings out the head: all which, he says, may be done

in a small part of a minute, by any operator of skill and tolerable dexterity: so, that now, *this*, adds the Doctor, which heretofore was looked upon to be the very worst labour any woman could have, is *by my method* as easy, safe, and expeditious, as any other labour can be, where instruments are necessary; for here the dangers and difficulties of the other methods before-mentioned, are all avoided, and the head is properly placed, having the *apex* in the center; is lessened in the bulk, and brought away without the least danger of wounding the patient; wherefore, we need not be under such dreadful apprehensions of *the head being separated from the body and left in the womb*: nay, continues our author, in some cases we should prefer it; because, as the bones, which form the lower part of the head or *cranium*, are more compact, and not so loosely joined as the bones which form the upper part; so consequently, they cannot so readily mould themselves, and give way; whereas, when the upper part of the head comes first, it will mould into any form;

and

and yet, after all this confidence of argument and specious reasoning, we now find the *extractor* of Dr. BURTON as little attended to or regarded as the *terebra occulta* of Dr. OULD ; the *tire a tête* of MAURICEAU, or any other contrivance, which has been invented for the purpose of *extracting the head*, which has not been found ultimately preferable to others.

—Dr. ASTRUC in treating of the method of *extracting the head of an infant when left in the womb*, says, he should approve extremely of the following invention, *if it was practicable* : a fillet of strong linen, which has been used, of about half an ell long, and about four or five fingers breadth, is to be held with both ends in the left hand, and brought round the child's head : after which, by gently drawing both the ends, the head is to be extracted ; he thinks this might succeed, *if it was easy to pass this fillet behind the head* : but this, he says, appears impossible, or very difficult ; and he suspects, that this method has never been put in practice ; and adds, that he might say as much of the *net* proposed by Mr. AMAND, MÀN-MIDWIFE, for the same purpose ;

it was a very ingenious contrivance, but he questions whether it was ever made use of. —Mr. GREGOIRE, Man-midwife, made use of an instrument of steel, of the shape of a capital L, the surface of which was perfectly smooth, and without angles; this instrument opened into the blades, which were joined together by an hinge, and was to be introduced into the womb with both blades shut close to each other, and was to be directed by the left hand into the *foramen*, or large hole in the *occipital* bone; then opening the instrument it becomes double; and as then its ends cannot pass out of the *foramen*, it also serves to extract the head directly: the Doctor says, he sees no inconvenience in this practice, which may easily be made use of; because, the head, which is left in the passage, presents the hole or *foramen* of the *occipital* bone, opposite the orifice of the womb; provided, that all the *vertebræ*, or bones of the neck, are separated from the head; but it cannot be of any use, if any of the *vertebræ* adhere to the head: our author shews a reluctance to the use of the
crotchet,

crotchet, for fear, that in pulling it might loose its hold and wound the womb; of which there is much greater reason to apprehend, when it is made use of to extract the head; because, when it is separated, being moveable, we cannot be so certain of the hold of the crotchet, as in an head fixed to a dead child: he therefore advises, as the most certain method, to make an incision on the top of the head along the *sagittal future*, take away the brain, flatten the bones of the scull, and lay hold of one of the *parietal* bones, and thereby extract the head: for this purpose, the left hand, moistened with pomatum, is to be introduced into the womb, as far as till the fingers rest upon the *sagittal future*: afterwards, a concealed *bistory* must be slid along the left hand, as far as that part of the head, to which the fingers of the left hand are applied; the *bistory* is then to be raised up, and an incision made on the *fontinelle* and along the *sagittal future*, lengthways; then it is to be withdrawn along the left hand, with the same precaution and dexterity with which it was introduced; the

brain is to be extracted through the incision with the left hand; the bones of the scull are to be pressed together to flatten them, leaving one of the *parietal* bones to serve for the extraction of the head; while this operation is performed, somebody should press on the woman's belly, to force the head against the mouth of the womb, and keep it in a fixed state: but with all these precautions, our author owns, that this operation is often found impracticable; because, the head, instead of presenting with its crown, presents always the contrary side, which precludes this operation: it is true, the head is proposed to be turned; but those who propose it, do not at all consider, that it is very difficult, not to say impossible, to turn a head; the surface of which is slippery, clammy, and affords no hold.—The Doctor, after having enumerated the difficulties attending the different methods used for the extraction of the head when left in the womb, concludes with recommending the crooked forceps, invented by Mr. LEVRET; by means of which, he tells us, that the head that's left is extracted easily, and

and without danger. — Dr. SMELLIE, vol. 3. p. 368. describes a case, when the head was left in the *vagina*, through the haste and temerity of a midwife: upon coming to the patient, he found her pulse pretty good, and that there had been no discharge of blood from the *uterus*, and what then came away was only from the child's head; which, to his great satisfaction, was lying in the *vagina* and *pelvis*, and which he delivered with the crotchet.—Page 371. of the same volume, he mentions an instance of the head's being left in the *uterus* from the body's being much mortified, and the forehead to the *pubis*: this accident happened from the ignorance of the midwife, she not knowing how to turn the fore parts of the child to the back parts of the *uterus*; but bringing it along as it presented, he was called in, and found the greatest part of the head still above the *pelvis*; the woman began to flood, and her pulse to sink; the child had been dead at least ten or twelve days; after encouraging her, giving her some warm wine and water, and placing her in a supine position, he introduced
his

his right hand into the *vagina*, and raised the head above the brim of the *pelvis*; then turned it, and brought in the upper part of it to present with the face backwards and a little to the left side: this being done, he ordered an assistant to press upon the belly with both hands, to keep down the *uterus* and head in that position, and opening the head with the scissars, went up along the forehead and face, introduced the blunt hook with his other hand, and fixed the point in the mouth, which was now turned towards the *fundus*; he then withdrew his right hand, took hold of the handle of the blunt crotchet or hook, and introduced the fingers of his left hand into the opening; with these two holds he gradually brought down the head, and delivered it slowly, though with some difficulty; the *placenta*, which was partly separated, followed soon after; the head, in this operation, slipped several times before he got it right turned to present with the upper part: he adds, that he had some difficulty in keeping the head steady, so as to perforate the same with the scissars; by which, both his

hands

hands were much cramped and weary: page 373. affords us a case of the same kind as the foregoing; but more difficult, from the parts being much swelled, and the *pelvis* a little distorted, the operator could not fix the blunt hook, as in the former case, but got a pretty firm hold at the fore part of the ear, and luckily the head not being very large, brought it gradually lower, as the *cerebrum* evacuated, and at last delivered it; the point of the crotchet slipped twice in pulling, but the third time he got a good hold in the left orbit of the eye: in the next page he mentions a case, where the body was separated from the head by incision; the woman was turned of forty, and the *pelvis* narrow; the head was delivered with the curved crotchets; Dr. HUNTER was present, and assisted at this operation: page 379, he relates a case, where the head was separated and left in the *uterus*.—Another practitioner was called by a midwife to a woman of a tender and delicate constitution; she had been a whole day in strong labour before the membranes broke; the pains after that abated, and in two days

days the head did not advance; he found the *os uteri* fully open, and the forehead of the child towards the *pubis*; with great difficulty he turned the child, and brought down the legs and body: but in using all his force to deliver the head, both the jaw and neck gave way: being much fatigued, and the *uterus* strongly contracted, he could not introduce his fingers to the head, so as to fix the crotchet; having sent for our author, he, after repeated trials, at last got his fingers into the orbit, where he fixed the crotchet and delivered the head, which was large; the *futures* were firm, and the *pelvis* was narrow; the patient seemed to be in a fair way of recovery for the next two days; but imprudently sitting up too long, and drinking heating liquors, she contracted a fever, and died on the sixth day after delivery, without any complaint from the severity of the labour: page 380 contains another case, communicated by a Gentleman to Dr. SMELLIE, in which the head was left in the *uterus*, by the midwife's pulling the body till it separated from

from it; the delivery was effected by the use of the curved crotchets; and, at the same time, by fixing his fingers in the child's mouth. — Dr. GRANGE, of HATFIELD, has published a case, in which he and Mr. WILSON, of ENFIELD, were fatigued a whole day in delivering a head; which was so slippery, that for a long time they were not able to open or fix an instrument upon it.—In this most unfortunate accident, there need be no hurry to accomplish the delivery, numerous instances of the kind having happened when the head has been expelled by the labour pains alone, without any ill consequence to the mother; but if the head cannot be forced away by the action of the *uterus*, on account of the wrong conformation or distortion of the *pelvis*, the general rules laid down for lessening the head must then be accommodated to the exigencies of the case.

CASE

CASE LXXXV.

A POOR woman of the parish of WATERINGBURY, who both from a laxity of habit, and an ill-formed *pelvis*, had been subject to dangerous and troublesome labours; and had never, in her three preceding births, proceeded further than the seventh month, was again taken at the end of *that period* with a slight *uterine hæmorrhage*, unattended with pains, which at length began to be felt in a small degree; and in the evening of the 13th of JULY, 1765 I was sent for; she had not moved out of bed from the time of her being taken; notwithstanding which, the flooding had increased, and she complained of a noise in her ears; mist before her eyes, and sickness at her stomach: upon examination, I found the *os externum* very much dilated, and
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the membranes protruding through it in form of a bag; and upon the remission of pain, by passing my finger within side the *coccyx* (though the intrusion was not very considerable) I could feel so much of the *vertebræ* of the *sacrum*, as to leave no doubt of the ill construction of the *pelvis*: thus circumstanced, I thought it best to rupture the membranes, as a means of abating the flooding by contracting the womb: this done, I found the part of the *fœtus* which presented, to be the round part of the shoulder; the woman had now a fainting fit, and the *hæmorrhage* appeared rather to increase than to diminish: as soon as she recovered from the fit I gave her some nourishment, and cautiously introduced my hand as she laid, on that side of the *pelvis*, where I could most easily obtain admittance; and as there was but little resistance from the *uterus*, expected to have easily found the feet, but the narrowness of the *pelvis* for some time prevented it; at length, having found one foot, I deliberately brought it down, and properly secured it, by conducting the noose of a fillet over the ankle; then raising
the

the shoulder of the child with the fingers and thumb of my left hand, whilst the right was employed in gently extracting with the fillet, in about the space of ten minutes the delivery was effected; the child was not in the least hurt, was born alive, and survived some days; the *placenta* separated, and came away without any trouble; the flooding ceased soon after the delivery, and the woman, considering the low state to which she was reduced, and the natural debility of her habit, recovered beyond expectation. — In the year 1768, my assistance was bespoke to this patient; but early in the seventh month she was suddenly seized with pain and flooding, and delivered before I could reach her house, of a small *fœtus*, which languished till the second day, and then died. — In 1769, she miscarried by a fright, about the end of the fourth month, with much difficulty recovered, and was ever after subject to nervous tremors. — In 1770, she was again with child, and hastily delivered of twins, which were still born, about the sixth month; they were both boys, and one of them

had

had a large portion of its *lungs* and *mediastinum* lying out externally upon the *sternum*, on one side of which there appeared a perforation thro' the integuments, and between the *costæ* where this *pulmonary substance* had made its exit: the mother attributed this extraordinary appearance to her being surprized by suddenly striking her face against a *calf's pluck*, which had been hung up on a hook, unknown to her, in a room adjoining to her house, which belonged to another family, and through which she had accidentally passed: how far this accident might influence the *fœtus*, I am not able to determine; but it seems strange and improbable, that its lungs should be thus protruded, and appear externally upon the *thorax*. The patient's recovery from this *abortion* was a long time doubtful, and she never after recovered her strength, but went into a slow decline, and died of a consumption in a few months after. It should seem, as if providentially, this patient never exceeded the *seventh month*, the disproportion between the head of the child, and the dimensions of the *pelvis*, being then so much

less, than if she had been able to have reached her full time; when, considering the natural increase of the *fetus* in the two last months of gestation, and the ill construction of her *pelvis*, the difficulties of *parturition* must consequently have been very much enhanced.—BARTHOLINI in his Hist. Anat. Cent. 3. says, that a woman big with child, being exceedingly frightened by a *cat*, was delivered of a well-shaped child, but with an head like that of a *cat* —GULIELM. PARADIN. in his Additum ad Donat. per Host. lib. 7. cap. 3. tells us, that on JULY 11, 1610, a boy was born at Prague, whose liver, intestines, stomach, spleen, with part of the mesentery, hung out all naked below his navel: he lived but a few hours. The mother, upon enquiry, said, that three months before her delivery, she was forced by some soldiers to be present at the killing of a *calf*; at the opening of which she felt an extraordinary motion in herself, when she saw the bowels tumbling from the belly.—FIENUS de Virib. Imaginationis, tells us of a girl born *without an head*, but complete in the rest of the body;

dy; the likeness of a *shell-fish* was joined to her neck, having two *valves* which shut and opened, and by which from a spoon she took her nourishment: this was occasioned, he says, by the mother's longing for *mussels* in the market, which she could not procure; this monster lived eleven years, but happening in an angry mood to bite the spoon with which she was fed, and breaking those *testaceous valves*, she died quickly after.—The case related by SEBASTIAN MUNSTER, in his *Cosmography*, lib. iii. of two children born growing together *by the forehead*, occasioned by two persons wantonly striking their heads together behind the mother, seems less strange to those who have seen in LONDON, *two girls*, brought from GERMANY, conjoined about the loins and buttocks, with one common *anus* and *pudendum*. —AMBROSE PARRE says, that in 1517 a child was born with its face resembling that of a *frog*; which was occasioned by the mother's holding that creature in her hand to allay the heat of a fever, about the time of her conception.—FIENUS records a woman at ANT-

WERP, who in countenance and gesture resembled *an ape*, her mother when pregnant being used to play with a creature of that kind: he likewise informs us of a *lizard*, that frightened a woman with child by leaping into her bosom; and she brought forth an infant with a *fleshy excrescence* on the breast exactly resembling a *lizard*. with its head fixed in the child's flesh, and the rest of the body hanging out.—Dr. CYPRIANUS in Philosoph. Transf. vol. iii. p. 222. gives the following case: a Lady was delivered of a girl, with a wound in her breast above four fingers long, and penetrating to the *musculi intercostales*, being an inch broad, and hollow under the flesh about the wound; which being treated with *suppuratives* came to an head, was opened, and healed with the wound; the birth was easy, and consequently the child received no harm in it; but about two months before, the mother being gone to bed, heard a report that a man had murdered his wife by wounding her in the breast with a knife; at which relation it was observed that she changed countenance, and seemed

con-

concerned.—Many other ancient and modern writers of the most respectable authority, have given relations of the influence of imagination, particularly on the *fetus*.—In TURNER we find many instances of *maternal marks* on the child, &c. &c.—Mr. JAMES CALDER, Surgeon, in GLASGOW, in the Medical Essays and Observations, has published two examples of children born with *preternatural* conformations of the guts; the first had a large share of its intestines lying without the teguments of the *abdomen*: he first imagined that the containing parts had been torn in the birth; but upon examination found the navel entire, and a perforation half an inch above it, through which the guts had fallen out with the skin, closely united to them; the child seemed otherwise as lively as any new-born infant uses to be; and for twelve or fourteen hours it received milk and syrups by the mouth, without any appearance of uneasiness; but after that time it vomited every thing, till its death, which happened four days after, and all the while it had no passage from the *anus*; the guts, which

were inflated, and had no *peristaltic* motion, that he could observe gradually inflamed, and before the child died became perfectly black; when the belly was opened after death, he found that the *jejunum*, all the *ilium*, and part of the *colon*, which were engaged in the perforation, were at that place so small as scarce to allow a goose quill to pass in their cavity; they were adherent to each other, and had no appearance of a *mesentery*, all the other *viscera* were found; the mother could not remember ever to have been surprized, frightened, or hurt, during all the nine months of her going with child: about the same time, he says, he visited another child, which lived full seven days after the birth; in which time it had never voided any *feces per anum*, but vomited every thing it swallowed; which did not appear to have any mixture of *meconium*, bile, or any other coloured substance; the parents, who were both healthy and sound, having formerly lost several children with the same symptoms, desired Mr. CALDER to examine the body of this child, to discover the cause of their death.—The
stomach,

Stomach, he says, was in good condition, but the *pylorus* was very hard, and felt as if it contained some other substance, which appeared upon opening this inferior orifice of the stomach to be a *glandular*-like piece of solid flesh, so closely adhering to the *pylorus* all around, that there was no separating of it, and without the least perforation in it any where; so that the passage was quite shut up; below this the *duodenum* was divided into two, and the gut continued to be thus divided to about one third of an inch above the *jejunum*. Into the largest of these *intestintula*; the biliary duct opened. All the intestines below, were distended with air, and only a very small quantity of *meconium* was to be seen near the *podex*. The other *viscera* were all found.—LA MOTTE, Obs. 345. speaks of a delivery, where the child, which was a girl, was of the usual size, and well-formed in every part of her body, from the feet to the upper eye-lids; her eyes were in the orbits, and the ears where they should be; but instead of the *coronal*, *parietal*, and *occipital* bones, there was nothing but a *bony cap*,

which adhered to the bones of the superior jaw, on which rests the jaw in the natural order; but here there was not the least bit of it, no more than of the *cerebellum*: our author then proceeds to give a very particular and concise account of the extraordinary appearances of the parts upon dissection: and in his following observation mentions a child, which he delivered in MAY, 1700, the bones of whose superior jaw were perfect; but there was no more of the skull, than is generally left on, when it is sawed off to shew the brain; there was only a pretty thick *membrane*, from the middle of which arose a considerable fleshy excrescence, with a small stalk, near the *os ethmoides* and *sphenoides*, and swelled out bigger, as the largest sorts of mushrooms do, being about the breadth of a plate: in his next observation he relates the case of a female child, whose conformation was natural from the feet to the shoulders, on which the head was immediately fastened on without any appearance of neck; two small ears, pretty much like those of a cat, were fastened to the shoulders; the chin was contiguous to the upper part of the *sternum*;

the

the mouth, lips, and the lower part of the nose, were pretty natural; but its upper part passed over the *os ethmoides* and *sphenoides*, or rather the parts where they should have been; because in this place it was no longer a human face, but something so odd, that it had no resemblance to any animal he had ever seen; there was no forehead; the eyes were rather backwards, than on the superior part; the back part was formed by a sort of cartilage, like that which is remarked in the hinder part of a calf's head; the hairy scalp seemed as if raised on purpose, and slit, beginning with two sorts of processes from each eye, each part being at about three fingers distance from one another, and terminating as two tails in the posterior inferior part of the false ribs; the middle space in all this extent was a sort of flesh, having the same appearance with that of a dead body, when the common integuments are raised; the hair grew to the scalp, and formed the two sides of this fleshy part, forming a sort of embroidery, and becoming shorter, as they were farther off from the head. After this description, our author proceeds to finish the account,

count, by describing the appearances of the body upon dissection, which he has done with his usual accuracy: he also tells us of a child which he delivered, whose head was very long; the brain was supported by the *os ethmoides* and *sphenoides*, and covered with nothing but the hairs, scalp, the *frontal*, *parietal*, and *occipital* bones, being wanting; the arms were but three inches long, and the hands of the size and make of the fore feet of a mole; the legs and thighs were about four inches long, which instead of having their articulation with the *ischium*, jutted out side-ways, being even with the *perinæum*; the feet were like the hinder part of a mole: he adds, that if the child had not presented the head, he should have been very much puzzled how to bring it away; and notwithstanding his aversion to the crotchet, he must have been forced to have used it on this occasion: the same author also describes a very extraordinary appearance of a substance, which grew betwixt the eyebrows of a child, and hung over the *orbit*, which was in place of the nose,

of

of which there was not the least appearance; and in this *orbit* which was oval, and larger than it is generally, for one eye, looking as if it had been bored with a wimble, were the two eyes with their coats, humours, and membranes, holding to the optic nerves, which united together; there was no mouth, and the chin was as long as the forehead was high.—For deliveries of children of unnatural conformations, vide PORTAL, *obl.* 30 & 41.—Dr. BURTON relates the case of a monster born without a head, of which he delivered a woman in the city of YORK, in JANUARY, 1749, and gives a table, explanatory of the same —MAURICEAU in his 64th observation, mentions having seen a dead child of a woman, lately delivered at seven months of a very monstrous figure, having the arms and the feet quite mis-shapen, and the head without any neck joined immediately to the breast having on the head, instead of the brain, a sort of a thick flat cap, or caul, like a red wen: this had a production like a tail, which reached along the *spine*, as far as the *os sacrum*; and on the right
side

fide of the navel there was a considerable tumour like a *ventral hernia*, in which several of the contents of the *abdomen* were contained.—In the 118th observation he gives an account of his having delivered a woman in the eighth month, of a child, whose head was of a *monstrous figure, being without any brain*; but instead of all the upper part of the head, there was only a *reddish brown substance*; there appeared likewise the inferior extremities of the *occipital* bones, and the two eyes very prominent; its feet were turned *inwards*; this *monstrous* conformation was ascribed to great fatigue in a journey: in his 363d observation, he mentions his having delivered a woman of her first child, which had all the fleshy or muscular parts of its body, quite *hard and schirrous*: and says, he saw at the fair of St. LAWRENCE, two male children dead, whose bodies were joined together, towards the upper part of the *thorax*: the mother had been five months gone; but no particularities are mentioned at the birth.—In the Philosophical Transactions, no. 65, we have an account of a *monstrous birth*, by Dr. DURSTON, which had

two heads, two necks, four arms, and four legs, perfect, and well-shaped, but only one trunk; there was no appearance of lungs, and only one large heart, one midriff, one *umbilical* chord, one large liver, one stomach, four kidneys, two urinary bladders, two wombs; there was only one colon, which terminated in two *intestina recta*; it weighed eight pounds and a quarter; and the length, from head to foot, was full eight inches and a half.—There was another monstrous female birth, by Dr. SAMUEL MORRIS, no. 138. there were two heads, and all the parts double above the *diaphragm*, and single below, except the appearance of two stomachs; the *uterus* was of a common size, but the *ditoris* large; there were only two legs and two arms; the *secundines* were very large, and weighed about eight pounds; one was dead, and the other just breathed.—There is an account of * a *double birth*, in which the children were joined at the breasts, no. 2. they did not wake and sleep together: they also cried, sucked, and exonerated apart: the same

* Tradition tells us of a very wonderful case of a *double birth*, which many years ago happened at Biddenden in this county.

paper relates another instance of the same kind in WALES; and the children lived so long, till they could talk to each other; which they did, in tears, when they thought that one must survive the other; but both happened to die together: there is also a *monstrous birth* from Mr. ROBERT TAYLOR, much of the same kind as the preceding ones, in the same Transaction, no. 308.—In Philosophical Transactions, no. 453, we are told of a *monstrous* boy, seen at Montpellier, by Dr. ANDREW CANTWELL; he was about thirteen years old, and bore the lower parts of another boy; the fore parts of each faced one another. Vide Reflexions on Generation and Monsters, by Dr. SUPERVILLE, Philosophical Transactions, no. 456. Besides the above, there are several other papers describing births, in which the bones of the upper part of the *cranium* were wanting: in most of which the *cerebrum* and *cerebellum* were also wanting; those that were born alive died soon after the birth. Vide no. 99. 226. 228. 234. 251. & 320.—And in the Philosophical Transactions, no. 487. we meet

meet with a letter from JOHN HUXHAM, M. D. to C. MORTIMER, M. D. concerning a child, born with an extraordinary *tumour* near the *anus*, containing some rudiments of an *embryo*.—In the Memoirs of the Academy of the Sciences at PARIS, H. 1711, p. 26. is the description of a *fœtus* without *cerebrum*, *cerebellum*, or *spinal marrow*: also, of a male *fœtus*, at its full time, which had neither *brain* nor *spinal marrow*; and which lived one and twenty hours, and received some nourishment: in the same Memoirs, M. 1732. p. 309, is also an account of a monstrous *fœtus*, with two bodies, the one male, and the other female.—In the *German Ephemerides* there is a great number of histories of such monstrous productions. See likewise Dr. SMELLIE, Vol. iii. col. 38.—A woman, of the name of DAWSON, was delivered some years ago, by the late Mr. ROBERT PINE, Surgeon, of MAIDSTONE, of a child, which had no eyes; but one arm; a distorted spine; one club foot; and great part of the liver and larger intestines grew without side of the integuments on the right side of the navel.—

vel.—A Gentleman, in this neighbourhood, a few years ago, was sent for to assist a poor woman in labour; she was about six and thirty years of age; the *membranes* broke before he arrived: finding the pains very severe, and a presentation of the *nates*; he procured assistance, and soon delivered the woman of a child, whose lower parts not only resembled a lobster's tail, but, upon being pulled back, sprung forward again with the same elastic tension as the tail of that fish, and appeared like it both in shape and colour; the *fœtus* had no parts of generation at all, so as to distinguish its sex; a small perforation or orifice appeared in the middle of the *vertebræ lumborum*, as if adapted by nature to supply the defects of *anus* and *urethra*; the hands were remarkably broad, and in every other respect it was a very fine child: when delivered, it appeared to have been dead but a short time: the mother was not able to ascribe this preternatural conformation of the child, either to any particular longing, fright, or hurt.

C A S E LXXXVI.

ELIZABETH DEANES, a poor woman, of ADDINGTON parish, whom I had delivered twice before, applied to me again on that account in MAY, 1766; and in JULY following, being taken in labour sent for me: I found her with exceeding strong and sharp pains, and the delivery was soon finished: the child of which she was delivered was a girl, and of a middling size, but had a face greatly resembling that of a rabbit; the *os frontis* was almost entirely flat in the anterior parts; but the back parts were elevated, and projected over the *parietal* bones and the *occiput*, which were all of them small in proportion to the size of the *os frontis*; the eyes were small, protuberant, and almost close together; the right eye had *no upper lid*, and the edge of

the lower one had an uncommonly large cartilage, covered with thin and soft hair, in colour and texture resembling the *flox* of a rabbit; which spread upwards over the greatest part of the forehead, most parts of the head, and downwards over the upper lip and the greatest part of the right cheek; the ears were small and pointed; had neither *helix* nor *antihelix*, and were thinly edged with the same kind of *fur*; the lower lip was contracted, and had a callous seam in the middle, like the *cicatrix* after a wound; there was no chin at all; the nose was entirely flat, and the space between its *apex* and the upper lip, not more than the twelfth part of an inch; there were two small holes instead of nostrils, which perpendicularly pierced through the bones of the palate; there was no *uvula*, and the tongue was only a thin *cartilaginous substance* adhering by a *fleshy membrane* to the inside of the *callous substance*, before described in the lower lip: the same kind of *flox* which was scattered over different parts of the head and ears, also thinly covered the left *scapula*; the upper part of the *thorax*,
and

and the right arm, which was but six inches and an half in length, and appeared withered; had no articulation, nor any appearance of fingers, but terminated in two or three small *horny substances* divided lengthways, and somewhat resembling the talons of a cat; the leg on the same side of the body had exactly a similar appearance, was withered, but was something longer than the arm: in every other respect, the conformation of the *fœtus* was not in any degree singular; when born, it appeared to have been dead but a short time; and the woman attributed these preter-natural appearances to a fright she received in the third month of her time, by the suddenly going off of a gun, and seeing a rabbit shot just beside her.—Being again pregnant two years after, she had strong prepossessions, that the child of which she was big, would be born with some particular deformity; but she had a very easy delivery, and the child its natural shape and make, tho' still-born; as it appeared upon examination, from a corruption of the *umbilical chord*.

C A S E LXXXVII.

A WOMAN, named DEACON, (whom I had delivered several times) in AUGUST, 1767, from motives of necessity sent for a woman midwife; who, after waiting many hours, had inconsiderately dropped some expressions, which so far disheartened the patient, that she would not be satisfied till I was sent for; she told me she had been in labour ever since the day before; but her pains were so very slow and trifling, and of such short duration, that I saw not the least inducement to examine into the situation of the child: I therefore administered an opiate, and was about to leave her, when she expressed a desire to communicate something to me in secret, and desired every one but myself might withdraw out of the room; she then told me how
much

much she had been shocked soon after her being with child by a *blind object*, who had but *one leg*, and who had come to the door to beg charity; and, that although she had never said any thing of the matter to any one, yet it had lodged on her mind, and she had never been able to put it entirely out of her thoughts, and really believed the impression would affect the child, which had moved soon after her first being taken ill; but had not since, and she was afraid her fears upon this account prevented her labour from going forward as it should do: I desired her not to make herself uneasy, nor suffer such thoughts, which were only founded in her imagination to distress her; that I did not believe her labour was in the least retarded thereby; hoped she'd have patience, and compose herself as much as possible, and told her, for the present I should leave her; but as soon as the pains increased would immediately come again to her relief: in about ten hours after I was sent for again, and found, through the membranes and waters, which were collected in a pretty large

quantity, that the child was rightly situated, and as the pains were good, I made not the least doubt but the labour would soon be over; and it happened as I thought: the child was dead, and appeared to have been so for some time; after bringing away the *placenta* I examined the child, and immediately over the *tunica conjunctiva* of each eye perceived a *filmy* substance, resembling the *tunica nictitans* peculiar to birds of prey; which upon being carefully dissected from the eyes, they appeared (as nearly as could be ascertained in *articulo mortis*) to have no other defect: as to the legs I could find no difference in the size or length of them, although the mother would have it that one was much smaller and shorter than the other, and, that had the child lived it would have been a *cripple*; but I saw nothing like it; and most probably, had it survived, this *preternatural tegument* which covered the eyes might easily have been removed, and the child restored to as perfect vision as if it had not been there at all.

C A S E LXXXVIII.

ON the authority of a Gentleman of distinguished ingenuity and abilities, I am enabled to give the following accounts of a child, born with the *urinary passages* entirely stopped up; he delivered the woman in JANUARY, 1769; there was nothing particular in the labour, nor in the delivery of the child, or *placenta*; it was a female child, and a lump of *spongy* flesh as large as a walnut, was found to grow out from under the *pubes* immediately between the *labia*, which substance entirely surrounded and blocked up the *urethra*; so, that at the end of four days, the child not being perceived to have made a drop of urine, he judged it necessary, with the advice and assistance of another surgeon, to remove this *fleshy excrescence* by incision; which was accordingly

done, by tying a ligature firmly round its basis, and separating it entirely with a common scalpel; the *hæmorrhage* which followed upon the operation was but trifling, and when stopped, endeavours were made, by means of a probe, to discover the *urethra*; but no passage whatever could be found which led to the bladder, and the infant lived in much pain and uneasiness; and at length died convulsed, on the third day after the operation: having obtained consent of the child's relations, the body was opened, when the kidneys, as is usual in the *fœtal* state, appeared divided into several lobes joined together, but no *lymphatic* vessels could be discovered, and the *ureters* appeared a *firm callous substance*, without the least perforation; consequently, no urine was found in the bladder; the *sphincter vesicæ* was entire; but there did not appear the least *vestige* of a *urethra* descending from the neck of the bladder; the *abdomen* and intestines were much distended with wind, and great quantities of water were found in the stomach and *pericardium*.—For the particular account of
a child

a child born with the urinary and genital organs preternaturally formed, vide the 3d volume of Medical Essays and Observations, article 14. It is a most extraordinary case indeed, and communicated with great precision and accuracy, by Mr. JAMES MOWAT, Surgeon, at LANGHOLM. Vide RUYSCH, obs. 23, p. 59. — I recollect to have seen the case of a *partial perforation* of the *penis* in a child of six days old, who had not been able to make a drop of water during all that time; it was brought into St. THOMAS'S HOSPITAL; and the late Mr. BAKER, then one of the principal surgeons thereof, finding a natural passage some distance below the *glans*, endeavoured to make the perforation complete, by passing down a small silver catheter into the bladder, which was effected with much pain to the child, and some water was thereby evacuated; but there was afterwards no natural discharge of urine; and its parents not choosing that it should undergo a second operation, the parts closed again, and, as I was informed, the child died soon afterwards. — In the course of
my

my practice I have met with two children, who were born with *imperforated ani*: and in both cases succeeded by the division of the obstructing membrane, and the occasional introduction of sponge tents till the *meconium* first appeared, and afterwards the stools were regularly evacuated.— About four years ago a child of two years old was brought to me; he had always, from the time he was born, passed the *fæces* with some difficulty: upon inspecting the parts, I perceived a strong membranous substance *in ano*, which in part obstructed the expulsion of his stools; and with the concurrence of another surgeon, divided the same by incision, and the child suffered no farther impediment. — In the Medical Essays and Observations, we find the case of a male child born without an *anus*, or *intestinum rectum*; it is published by Mr. JAMES JAMIESON, Surgeon, in KELSO; he tried to reach the gut by incision, and afterwards with the *trocar*, but to no purpose; for upon opening the child on the day after its death, he

found

found the *rectum* entirely wanting, and the *colon* was a perfect *intestinum cæcum*, suspended loosely, and full of *meconium*; all the other parts being in a natural state. Vide MAURICEAU, lib. 3. chap. 22. DIONIS. lib. 5. chap. 6. LA MOTTE, obs. 88 & 89. and also, Dr. SMELLIE, vol. 3. coll. 46. Vide Memoire sur les Enfans qui naissent sans un veritable, par M. BERTIN, 4to. a PARIS, 1774. And LEVRET's Practice, when the *anus* is imperforated may be seen by referring to The Medical Commentaries, vol. 4. p. 166.

CASE

C A S E LXXXIX.

THE 22d of DECEMBER, 1764, I delivered the wife of a carpenter, whose child had the usual number of fingers on its right hand, but on the left there were *six* fingers, and on each foot the *same number* of toes. In JUNE, 1771, I delivered a woman, whose child had a *super-numerary* little finger on its left hand: in both these cases I was suffered to make a ligature with waxed silk round the *bases* of the superfluous fingers and toes, and by that means they dropped off in a few days, without giving the children any extraordinary pain. I know of one family, to whom these preternatural fingers and toes seem an *hereditary right*; and there is not a child belonging to it, which has been born for many years past, who has not had one or
more

more of them than it should have had.—LA MOTTE says, that he laid a baker's wife, whose child had *six fingers* on each hand, and *six toes* on each foot; the five usual ones were well-formed and moveable; the preternatural ones were nothing but flesh, without any appearance of bones or tendons, and fastened to the little finger or toe, out of rank; he tied them up with a waxed thread, with the surgeon's knot, that he might tie them tighter now and then, to prevent the ligatures growing loose; they all fell off in three or four days, without the child's seeming to be under any uneasiness, and the places healed of themselves: he mentions, that he often saw a man, who came into the world with such additional fingers, which were very troublesome to him; for having neither bone nor tendon, they often caught and gave him great pain: he adds, that when ever he has met with any children, who have had *six fingers*, or *six toes*, one of them has always had less life in it, than the others, and would afterwards have become trouble-

troublesome; for which reason, he always made a ligature round them, which he drew closer and closer for two or three days; by which means, they withered and fell off: and he concludes with observing, that if he met with any excrescence that had a small basis, he treated it in the same manner. And here, perhaps, it will not appear very foreign to my general subject, by remarking, that in his third volume, the celebrated LEVREUR treats of the *polypus*; and particularly describes an instrument of his own invention, for *tying polypose* tumours of the *uterus*, in a safe and better manner than has been hitherto practised.

CASE

C A S E X C.

I SHALL insert the three following cases, in order to shew, that although distortions of the *pelvis*, are mostly owing to weakness and rickety affections in infancy; yet there are some instances of women, who are thereby evidently rendered *crooked* and *deformed*, that have, notwithstanding borne several children, without any extraordinary embarrassment or danger; yet, after all, we must allow, that those labours, will generally prove the most happy, when women are neither old, deformed, nor unhealthy.—S. H. aged 22, of a *dwarfish* size, and exceedingly *deformed*, in her first pregnancy, which happened in 1763, after suffering uncommonly from the heartburn, nausea, piles, and difficulty of respiration, which had much enfeebled her body, and distressed her mind,

mind, was taken in labour in the morning of the 11th of SEPTEMBER; it is scarcely possible to conceive the apprehensions of danger which this poor woman laboured under from the representations of officious goffips, who she had heard whisfer it about, that her *make* was such, as to render it impossible that she could survive her labour, or that the child should be born alive: happily however, the event proved a contradiction to all their foolish prognostications: for the patient was delivered in a few minutes after I came to her, without any uncommon circumstance attending her labour, which was easy and natural; the child appeared languid at first; but by allowing proper time in separating the *funis*, and afterwards suffering it to bleed a little before it was tied, it recovered and became hearty and strong; the patient had an exceeding good getting up.—In NOVEMBER, 1766, she was taken in labour of her second child, and delivered before any assistance could reach her: being pregnant the third time, she bespoke my
assist-

assistance, but was brought to bed on the 29th of DECEMBER, 1767, before I could come to her. In her fourth pregnancy, finding herself attacked in a very pressing manner, she sent for me in the evening of the 29th of JUNE, 1769, the membranes were broke, and I found the child presenting with the *nates* very low down; the pains were quick and sharp, and she was delivered with very trifling help. She was with child again in the beginning of the year 1771: and on the 4th of OCTOBER of the same year, taken in labour, and delivered with such expedition, that no one could get to her support. In this lying-in, she was some time before she got well, owing to an irregular hectic fever; which at length gave way to the bark and aromatic bitters, and she entirely recovered her health. Proving with child again in the year 1773, and having gone her full time, I was sent for on the 30th of NOVEMBER, and had not been with her more than fifteen minutes before the business was fully accomplished; and since that birth she has had no more children.

C A S E XCI.

A. F. who, from her infancy had endured a very bad state of health, of a diminutive stature, and much *deformed, both behind and before*, was taken in labour of her first child the 17th of JULY, 1766; she felt the waters break and come away, and immediately sent for me; and was delivered so soon, after I came to her, and with so little pain, that she affirmed she had felt more in a fit of the cholic; the child, which was a girl, was in very good health, and the mother got up again in a few days. I was sent for to her in her second labour, the 7th of JANUARY, 1768; but being at that time some miles from home, did not arrive soon enough to assist in her delivery: she had, however, equally as good a recovery as before; but the child, which

was

was very weakly, died on the 6th day after its birth. She sought my assistance a third time, in SEPTEMBER, 1769; I found the presentation of the child right; the pains good, and she was delivered in a short space of time. The 16th of AUGUST, 1771, I was desired to go to her again; the membranes were broke, and the feet presented; but the child was delivered without much difficulty, and the mother did very well. In her fifth pregnancy she had a lingering labour of many hours, occasioned by a fright; but it at length ended as happily as either of her preceding ones, and she was as well as usual at the end of the month; but the child died soon after its birth. The sixth time of her being with child, in the eighth month, she was taken very ill of a pain in her side, together with a troublesome cough, and great oppression of breath; I administered an emollient clyster, and soon after took away six ounces of blood; besides which, she occasionally took a balsamic *linetus*, in small quantities; and in about three weeks afterwards, on the 15th of OCTOBER, 1774, being taken with labour pains, they were

fortunately over in about two hours after my coming to her, and I left both mother and child in a safe situation. Being with child again, she was so prodigiously big, that herself, and every one else, believed there were two children; she was taken in labour in the evening of the 5th of NOVEMBER, 1776. I examined, and found the head of the child very far advanced; the membranes soon after broke, the * waters came away in surprizing quantities, and were soon followed by a child of a middling size; which died in a little while after it was born. The last time of her lying-in was about three years ago; when, I am informed, she was suddenly taken in labour, and delivered by herself; but recovered as well as usual.

* Vide Lamotte, Obs. 309.

C A S E X C I I .

M. W. of very ill health; low stature; *hump-back'd*; and whose extremities were all *deformed*; having gone her full time: I was sent for to lay her, on the 2d of FEBRUARY, 1768: her pains were at first slight and slow, but genuine and gradually increasing, and the child coming in a natural direction, I was led to form a favourable judgment of the event; which gave the patient much encouragement, and in great measure relieved her from the terrors she had entertained of her own case; she was delivered of a fine strong child, in less than two hours after my arrival; the *placenta* came away very easily, and she did well. She was a second time with child, and I was called to her in a great hurry, on the 13th of DECEM-

BER, 1769; but she was brought to-bed more than an hour before I could reach her house. On the 4th of AUGUST, 1774, when labour pains commenced in her third pregnancy, I was again sent for, and was only just time enough to deliver the child; the *placenta* was retained a much longer time than usual, and the woman beginning to flood very much, carefully introduced my hand into the *uterus*; and finding the *placenta* adhere to its left side, gently detached it with my fingers, and brought it out whole, and soon after the *hemorrhage* abated; but the mother was longer in recovering of this than in either of her former labours, and the child, though very hearty at first, died in a few days after it was born. Being in labour with her fourth child, I attended her about six o'clock in the morning, of the 24th of JULY, 1778; when the birth of the child proved easy and natural: and after an interval of about twenty minutes, the *secundines* were easily excluded: and I have been successful in my attendance on her twice since.—

We

We may observe, that hump-back'd people in general, cannot assist themselves so well in the usual position in which we place women: but in the foregoing cases, I found no difficulty whatever from an horizontal posture, with the head of the patient somewhat elevated.—LA MORTE recites *five cases* of *lame* and *crooked* women: the first of which, observation 144, he tells us, was the Marchioness of ****, who was *lame* by the dislocation of one of her hips, which had happened to her in her infancy, and for which she had been ill-treated; he found the child in a right posture; the waters soon came away, followed by the child, and he brought away the *placenta* immediately: he observes, that the head of the *femur* when dislocated, does not lie in the passage of the bones; so, consequently can be no hindrance to the coming forth of the child: as *lame* women are more liable to fall, he recommends them to be upon their guard, during their pregnancies. In the second case, the woman was *lame* of both feet, through a wrong conformation of the parts, and from thence was

very subject to fall down; which, by being careful, she prevented, during her being with child, and happily went her full time: perceiving some of the fore-runners of delivery, she sent for him; labour came on soon after, and she was brought to-bed in less than an hour: he reflects, that the parts which are subject to be *lame*, having no relation to those which are subservient to delivery, can be no obstacle to it: there seems to be more reason, he says, to apprehend this in *crooked* women; because in some, the spine bending outwards in the middle of the back projects often too forwards towards the *vertebræ* of the loins; so, that the distance between the *os sacrum* and *pubis* is made narrower, which must make delivery very difficult, if not impossible: but he advises us to take notice, that *lame* or *straight*, *high* or *low* women, are all subject to this inconvenience: in the following observation, he speaks of a Lady very much *deformed*, both before and behind, of very ill health, being very lean and short-breathed, whom he despaired of saving, considering

dering the many indispositions she laboured under; her complaints encreased as she drew nearer her time, and between the 6th and 7th months she had some slight pains, of which she gave him notice: he immediately judged them to be labour pains, which were even strong enough to engage him to enquire into the situation of the child, the head of which he felt through the membranes and waters, which were in small quantity; it was very soft, which made him judge that the child was small: the waters gathered and soon came away, and the child followed in less than an hour; it was very small, and lived eight days without taking any nourishment; the *chord*, which was weak, did not hinder the *placenta* from adhering very firmly; for fear of any accident, he would have introduced his hand to loosen it, but the *os sacrum* and *pubes* were so near one another, that he found it impossible; he therefore made use of the *chord*, encouraging the patient to bear downwards, to blow in her hand, and put her finger down her throat, as to excite vomiting; by which means
 he

he got away the *placenta* whole; she got up again, but never afterwards enjoyed a good state of health; a cough came on, which fell upon her lungs, and she died six months after of an universal dropfy. It is the opinion of our author, that had this woman gone her full time, she never could have been delivered; because the child would have been too big to have come through the passage; and, that it was owing to its smallness that she was brought to-bed so soon: he accounts for her dying *dropfical*, (a distemper, which *asthmatical* people are very liable to) by observing, that the blood not being sufficiently attenuated in the lungs, which in this woman had not full liberty to play, occasioned her frequent respiration, turned it *serous*, and being afterwards filtrated by the glands of the skin, caused this general inundation. After this woman, we find he delivered two others, in the same case, and both of dead children: one of the women died, and the other recovered with a great deal of difficulty: he further remarks, that although it often happens that this *ill conformation* of the
back

back is confined to the *os sacrum*, whereby the space between this bone and the *os pubis* is too narrow to admit a full-grown child between them, which puts us under the necessity of having recourse to the *Cæsarian* operation; yet, he says, it is not always the case, as he has delivered several *crooked* women, who have come off very well; and the most *strait* women may labour under this *wrong conformation*: and to the *straitness* of this passage alone it is, that we owe all lingering labours, and often those against nature; but here, perhaps, our author's remark is rather too general; as it is well known, that lingering and laborious labours often occur from various other causes, besides the *narrowness* or *distortion* of the *pelvis*: in his next observation, he relates the case of a patient, who was the smallest woman that he ever saw, and whose extremities were all *deformed*; he found her with labour pains, but they were so remote from one another, that they were unable to bring forwards the head of a very little child, which was engaged in the passage, and so pressed, that the bones of the head

rid

rid over one another; the *meconium* came away in great quantities, whereby he judged that the child was dead, the mother besides not having felt it since the day before; the neck of the bladder was so compressed as not to suffer a drop of urine to come away, whence her belly was so swelled as to touch her chin; she was weak, cold, and almost without any pulse; this engaged him to deliver her immediately; which he did, by opening the *cranium*: part of the bones he drew away, with all the brain: which so lessened the size of the head, that he extracted it without much trouble: the shoulders at first seemed to stick without his being able to slide his fingers under the *axillas*, because of the straitness of the passage; but he succeeded at last by taking a great deal of care, for fear of pulling away the head; the *chord* being very small and weak, broke, or rather loosened away at its root from the *placenta*; the passage between the bones being too narrow to admit of the introduction of his hand, he was forced to trust the business to nature, which expelled the

placenta

placenta in three days, without its being corrupted in the least, and the mother did well, contrary to his expectation. It is his opinion, that had the child presented in any other posture, as he was sure of its death, he should have been forced to have let the mother perish without help; and had it been living, that he must have had recourse to the *Cæsarian* operation, *this being the only case which requires it*. In obs. 147, our author also speaks of a Lady, who was very *crooked*, both before and behind, and otherwise very much *deformed*: he was sent for, and found her with slight short pains; but which increased in two hours after his coming, and continued so briskly, that she was delivered of a stout boy and *placenta* in less than half an hour; the next day he left both mother and child in pretty good health: he remarks, that this woman's being brought to-bed with so much ease was, because the inferior *vertebræ* of the loins, and those of the *os sacrum*, instead of bending forwards, rather bunched outwards, which facilitated the coming away of the child: this person

son, he tells us, enjoyed a better state of health than that before-mentioned, and he never delivered her afterwards, her labours being always so expeditious that they had not time to fetch him: he also mentions two women, of the town, in which he lived; who, though exceedingly *crooked*, were almost always brought to bed, and of large children too, before he could possibly come to them.

CASES XCIH, XCIV, and XCV.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

“ APRIL 2, 1770.

“ DEAR SIR,

“ **I** LEARN, with extreme satisfaction, that my conduct deserved your approbation, in regard to the case in which the head remained in the *vagina*. My employments have, for some time, prevented me from gratifying the inclination I have had of submitting to your judgment and consideration, the subsequent occurrences in MIDWIFERY; which are circumstantially as follow: in the
“ evening

“ evening of the fourteenth of AUGUST last,
 “ Mrs. M****, of this town, finding herself at-
 “ tacked with some slight pains, sent for me; as
 “ the night approached the pains were less frequent;
 “ not being permitted to touch her, and guessing
 “ from hence, that the labour would be linger-
 “ ing; after administering an opiate in a cupful
 “ of caudle, I left her, and went to-bed; the
 “ next morning when I called on her again, I
 “ found her pretty much in the same situation as
 “ when I left her, except that she had now and
 “ then upon her cloths, the appearance of a *glai-*
 “ *ry mucus*, tinged with blood. Matters went on
 “ after this manner, till the evening of the se-
 “ venteenth, when the pains came on more and
 “ stronger: I now assured myself of the right
 “ situation of the child; and notwithstanding
 “ the *os tinæ* was sufficiently dilated, and had
 “ receded on all sides, and I could discover the
 “ child’s head by the touch, to be so far advan-
 “ ced in the passage, as to be felt below the supe-
 “ rior circumference of the *pelvis*, and by the *lamb-*
 “ *doidal suture*, that it was the *vertex* which pre-
 “ sented;

" sented ; and that the labour was retarded either by
 " the weakness of the mother, or largeness of the
 " child's head, or probably from both those
 " causes ; yet, as no very pressing exigencies su-
 " pervened, I could not prevail upon myself
 " once to think of the forceps ; but supporting
 " my patient at intervals with opiates and mild
 " cordials, by meer dint of patience, and with
 " the assistance of nature only, the business was
 " finished about four o' clock in the morning
 " of the twentieth, and was one of the longest
 " labours in which I was ever engaged ; the
 " child was very stout and healthy ; the *placenta*
 " did not come away till an hour after the birth
 " of the child, and was much larger than the
 " common size ; its diameter being *ten inches*,
 " and its center *two* ; but neither the unusual
 " protraction of the labour, nor the extraordi-
 " nary size of the *placenta*, were circumstances so
 " uncommon as that which followed afterwards ;
 " for early the next morning, after suffering all
 " the day and night succeeding her labour, a series
 " of the most severe pains, she was delivered of a

“ *fætus* about the size of one’s little finger, en-
 “ closed in the *secundines*, which *unfortunately*
 “ had been so roughly handled by the nurse, as
 “ to damage and mutilate their contents beyond
 “ any possibility of preserving them: I say, *un-*
 “ *fortunately*, because I could have been very
 “ happy in the preservation of the *fætus* and
 “ *its little bag* ; which being brought forth
 “ after the woman had been delivered of a live
 “ child at her full period of gestation, may per-
 “ haps (though, I think, very improperly) pro-
 “ duce a subject for the doctrine of *superfætation* :
 “ upon this very curious matter, I shall anx-
 “ iously expect your sentiments and opinion.
 “ The mother became easy and free from
 “ pain, soon after this *second birth*, did very
 “ well, and got up again in a fortnight, but the
 “ child was carried off by a *dysentery* ; which at
 “ that time was almost *epidemically* fatal to ma-
 “ ny infants in this place, and its neighbour-
 “ hood: this disease, in general, I pre-
 “ sume, originates from those prevailing acidi-
 “ ties, to which we attribute most of the disor-
 “ ders

ders to which children (more particularly
 in the first stage of infancy) are subject: the
 stools in this case were thin, watry, frequent,
 and so very corrosive, as to excoriate the fun-
 dament, breech, and thighs; the child was
 often much convulsed; and threw off most
 violent eruptions of wind: at first I ad-
 ministered small doses of *oculi cancerorum*, *pp.*
 with *pulvis rhei*, and directed the food to be
 astringent, and of the *alcalescent* kind: at
 length, as the disorder encreased to a dange-
 rous degree of violence, I gave a grain of
ippecacuanha, with a little *magnesia*, and three
 drops of *tinct. thebaica*; besides which, I or-
 dered to be injected every eight hours, half
 an ounce of starch, dissolved in mint tea, as a
 clyster; and as often as the stomach would
 dispense with it, directed small quantities of
 calves foot jelly, beef tea, or weak mutton
 broth to be given, but all to no sort of pur-
 pose; for, notwithstanding my utmost care
 and attention, the poor little infant expired,
 after a hard struggle of seven days.—In the

“ month of OCTOBER last, I had the following
 “ history of an *extra-uterine conception*, from a
 “ gentleman, who laments his want of accuracy
 “ in the relation of the case; but on whose ve-
 “ racity I can implicitly rely. The patient, he says,
 “ lived in SWALLOW-STREET, CARNABY MARKET,
 “ and had been married three years; at the end
 “ of which, she had such complaints, as very
 “ reasonably induced her to believe, that they
 “ arose from the common cause of pregnancy :
 “ she had a sense of fullness, and as she grew
 “ bigger, felt motions common to women upon
 “ their becoming *quick with child*; and these
 “ stirrings rather strengthened as she advanced
 “ towards the expected period of labour; but
 “ she passed over that term, and had nothing
 “ like labour pains; was frequently ill; often
 “ complained of a sense of suffocation, tension,
 “ and weight in the *abdomen*; *nausea*, *apepsia*,
 “ and feverish heats, with almost continual pains
 “ in the *hypogastric* region; but the internal
 “ motions entirely ceased, and she neither in-
 “ creased nor diminished in magnitude for the
 “ space of two years and seven weeks: du-
 “ ring

“ring the last six months of which, she was often
 “attacked with tremors, dreadful apprehen-
 “sions, and inexpressible pains and agonies;
 “could not dress or undress herself without
 “help, and at length was entirely destroyed by
 “a *marasmus*. This is literally the account, as
 “given me in writing by the Correspondent I al-
 “luded to; who opened the body after her
 “death: and adds, that he found the *uterus*
 “perfectly in its natural state; but, externally,
 “on its left side, discovered a small female
 “*fœtus*, but not distinctly featured, and of a sod-
 “den appearance, as if it had been boiled: the
 “*left fallopian tube*, he says, was enlarged, much
 “elongated, and callous at its extremities; but
 “there was nothing singular or unnatural in the
 “appearance of the *right fallopian tube*, nor in any
 “other parts of the *abdomen*.—On the 16th of
 “NOVEMBER last, I was consulted in the case of
 “a married Lady, who had complained of nau-
 “sea, vomiting, particular distates and loathing;
 “she had missed her *menfes* for the last three
 “months; and from the first period of their cessa-

“ tion had had a discharge from the *vagina*,
 “ which she imputed to the *whites*; for which
 “ she committed herself to the care of a sur-
 “ geon, who was related to her; the complaint
 “ being recent, he attempted the cure by styptic
 “ applications and astringents; but not gaining
 “ ground, and the discharge increasing, the pa-
 “ tient consulted me: and upon proper en-
 “ quiry, I gave it as my opinion, that her other
 “ complaints, as well as this, most probably pro-
 “ ceeded from pregnancy; I took away a
 “ few ounces of blood, prescribed gentle laxa-
 “ tives, and at intervals mild balsamic medi-
 “ cines; her increase of size, and the motion of
 “ the *fœtus*, in consequence thereof, hath con-
 “ firmed my verdict on the case, and I expect
 “ to wait on her at the full period of her term,
 “ about the middle of the next month; the dis-
 “ charge I before spoke of, though considerably
 “ diminished, is not, I find, entirely abated, but
 “ does not weaken her in the least, nor give her
 “ any uneasiness, as she expects full relief from
 “ the approaching crisis.—I cannot close this
 “ letter

“ letter without informing you, that the other
 “ day I incurred some reprehensions from a
 “ senior practitioner, for venturing to bleed
 “ a maid servant in the *vena saphena*, on
 “ account of a violent head-ach, only a few
 “ days prior to the time when she expected a re-
 “ turn of the *catamenia*. Pray, is it possible,
 “ that this could make any difference? Accept
 “ my best acknowledgments, with sentiments
 “ due to you,

“ From, &c.”

THE ANSWER.

“ DEAR SIR,

“ **I**N the labour you first mention,
 “ you are to be commended for trusting to
 “ nature; who, though slow in her operation,

“ is nevertheless most commonly safe and deci-
 “ five: perhaps your patient was not very young,
 “ and this might be her first child; which, you
 “ know, are causes of protraction that often oc-
 “ cur: as there was no pressing danger, notwith-
 “ standing the very great length of the labour,
 “ and tho’ the head was *below the brim of the pel-*
 “ *vis*, you did very right by waiting patiently in
 “ preference to the use of instruments.

“ This must have been a case of *twins*, and not
 “ of *superfoetation*; a ridiculous doctrine, that has
 “ now in great measure, lost its footing; yet is not
 “ without its advocates: and the learned HAL-
 “ LER, in his *Opusculum Patholog.* tells us, that
 “ after he had published his Commentaries upon
 “ *Boerhaave*, that he discovered in *three bodies*,
 “ where the *uterus* was burst: and in other preg-
 “ nant *uteri*, that the tubes are very little af-
 “ fected by pregnancy, and that the part of the
 “ *uterus*, between the *tubes*, is not much in-
 “ creased, and but a little convex; but, as in
 “ pregnant women, the *tubes* are almost pendu-
 “ lous,

“ lous, and therefore parallel with the *uterus*:
 “ hence, it seems to have happened, that DA-
 “ VENTER, and other anatomical writers, have
 “ made the *tubes* come out a great way below
 “ the *fundus uteri*, and cannot reach to the *ova-*
 “ *ria*: but these assertions, this ingenious writer
 “ boldly advances, are proved to be false, by
 “ means of many experiments; which, however
 “ unfortunately for the cause he would support,
 “ he has forgot to publish: after this, he pro-
 “ ceeds to assert it as a certainty, that *superfata-*
 “ *tions* do happen; and declares, that in preg-
 “ nant women, he has seen the *tubes* of such a
 “ length, as to be capable of reaching the *ovaria*
 “ very easily; yet, for my own part, I shall ever
 “ consider *superfoetation* merely as an imaginary
 “ *preternatural operation*, and utterly impossible.
 “ It is a thousand pities that you did not preserve
 “ the bag and *fœtus*, as they were; a drawing
 “ from you in their mangled state, would have
 “ been a pretty and convincing addition to the
 “ case: therefore pray, when any thing curious
 “ does occur, and that you can obtain it, let it
 “ be

“ be preserved.—Did you see the *fœtus*? was it
 “ complete and sound? was there an *after-bur-*
 “ *then*? or, was the covering all *membranous*? did
 “ she lace her flays tight? enquire if any thing par-
 “ ticular happened during pregnancy, to occasion
 “ the death of the *fœtus*; especially in the first three
 “ or four months: in short, endeavour to get as
 “ many circumstances as you can, to enlarge
 “ and make the case complete; as indeed it is
 “ very curious. You was undoubtedly right,
 “ not to use force in the extraction of the *pla-*
 “ *centa*; but I should always recommend its de-
 “ livery as soon as it can conveniently be accom-
 “ plished without violence; I am very glad your
 “ patient did well. The *dysentery* in such young
 “ children is a disorder most dangerous, and
 “ when attacked with it to so violent a degree, as
 “ you mention, they seldom long survive. In-
 “ deed, I know not how you could have treated
 “ it better. You will oblige me, by enquiring
 “ of your friend, if he had an opportunity to
 “ preserve the *extra-uterine fœtus*? and how large
 “ it was? whether it was in a *cyst* resembling the
 “ *secun-*

“ *secundines*, and contained water? whether the
 “ *ovum* was found in the *pelvis* or *abdomen*? and
 “ whether there was any *placenta*? and if so,
 “ or any thing like it, what were the parts to
 “ which it adhered? These are facts which I
 “ could be glad to know; as otherwise the case
 “ is incomplete. I knew an instance of a child
 “ found without the *uterus* in the *abdomen* of its
 “ mother; the pains came on, and a midwife
 “ was employed: this woman finding an en-
 “ largement in the *vagina*, mistook that for the
 “ membranes; which she attempted to break
 “ through by repeatedly scratching it with her
 “ nails, in which she succeeded so far as to eva-
 “ cuate the waters: however, the birth of the
 “ child being still retarded, a MAN-MIDWIFE was
 “ procured; but to no purpose, the woman
 “ growing worse and worse, till at length she
 “ died. Now I cannot help flattering myself, that
 “ had I been present, I might, in all probability,
 “ have saved the lives of both mother and child;
 “ for I believe I should have ventured to have
 “ made an incision through that part of the *va-*
 “ *gina*

“ *gina* which was thrust forward by the propelling force; and, perhaps, by that means, might have delivered the child.

“ As to your case, in which the disorder was mistaken for the *fluor albus*, I should have thought it required but a small share of discernment, both from the touch, &c. to have gathered a competent idea of the patient's condition: I wish you success in her delivery, and dare say she will do very well. It may well deserve our observation, that the *ovulum* lies some time before it is attached to the *uterus*; at length the *ovulum* and *uterus* increase together: which is a wise provision of nature; for was the *uterus* to increase alone, the consequence must be *miscarriage*. It is no uncommon thing for women to have a discharge not unlike the *whites*, which they sometimes conclude really is that disorder; but which is often found to be no more than a discharge consequent upon conception.

“ The

“ The bleeding from a vein is soon recruited,
 “ and if done two or three days before the *men-*
 “ *strual period*, cannot possibly retard it long.
 “ Adieu! You may always depend upon the
 “ esteem and friendship of, &c.”

M Y R E P L Y.

“ MAY 31, 1779.”

“ DEAR SIR,

“ **I** RETURN you my thanks
 “ for your obliging letter, and sincerely regret
 “ that it was not in my power to preserve the
 “ bag and *fetus*; and, that I did not attempt a
 “ *delineation* of them in that state, in which
 “ they were; but they were thrown away soon
 “ after I had had a sight of them, by direction
 “ of the patient: however, I very distinctly saw the
 “ *head, arms, legs, thighs*, and some parts of the
 “ *chorion* and *amnios* were very distinct; the other
 “ part.

“ part of the bag was wholly *membranous*, and
 “ no *placenta* distinguishable. I have made the
 “ necessary enquiries of the patient, who in-
 “ forms me, that about the second month of her
 “ pregnancy she was seized with frequent tre-
 “ mors upon moving; which continuing for two
 “ or three weeks, she at length attributed them to
 “ the great pressure made on her belly by a stiff
 “ pair of stays which she at that time wore, laced
 “ up very tight; and which gave her so much
 “ pain, that she at last found herself obliged to
 “ lay them aside, and to get an easy pair of
 “ jumps in their stead: notwithstanding which,
 “ though she was easier in other respects, yet the
 “ tremors attended, with dejection of spirits, still
 “ continued: towards the end of the third
 “ month, she says, as she was walking out she
 “ was frightened by a boy’s falling from a horse,
 “ which terrified her to that degree, that it was
 “ with difficulty she reached home, which was
 “ about half a mile distant, and soon after she
 “ felt an uncommon fluttering, which continued
 “ at intervals for some days: and when it
 “ ceased,

“ ceased, was succeeded by a pain in the right
 “ side of her belly; uneasy sensations about the
 “ *pelvis*, often ascending to the *hypogastric* region;
 “ which, she says, she is not even now entirely free
 “ from. These are all the circumstances which
 “ I am able to collect of the case: you may
 “ depend upon my taking your advice; and,
 “ that in future, when any thing curious does
 “ occur, I shall be particularly careful in my
 “ observations of it; but in this case, it really
 “ was out of my power to observe more than I
 “ did. I have seen the Gentleman to whom I
 “ was obliged for the *extra-uterine* case: and
 “ the size of the *fœtus* he tells me, did not ex-
 “ ceed that of an abortion at five months: it
 “ was contained in a bag, which somewhat re-
 “ sembled the *secundines*, but was rather of a
 “ *ligamentous* than a *membranous* appearance,
 “ and contained more than a pint of *turbid*
 “ fluid, like the water in which flesh had been
 “ washed; the *ovum* was found in the *abdomen*;
 “ but he does not recollect to have observed any
 “ thing like a *placenta*. I am, &c.”

MAURI-

MAURICEAU has given his opinion of *superfætation*, as a matter *that very rarely happens*, and is neither *for* nor *against* it: he says, that when a woman brings forth one or more children at a birth, begotten at once, which usually are called *Twins*, and differ from *superfætation*; 'tis known by their being both almost of an equal thickness and bigness, and having but one only and common *after-birth*, not separated the one from the other; but by their *membranes*, which wrapt each apart with their waters, and not both in the same *membranes* and waters, as some have believed, contrary to the truth; but if there are several children and a *superfætation*, they will be also separated by their *membranes*, and not have a common *burthen*, but each his part; neither will they be of an equal bigness, for that which is the *superfætation* will always be lesser or weaker, than the one engendered at first; who, because of its force and vigour, draws the greatest and best part of the nourishment: in *analogy* to his *opinion*, he adds, just as we find fair and great fruit, have often near them very little ones; be-
cause

cause those that are first knotted and fastened to the tree, take away all the nourishment from their neighbours, who did but blossom when the first had already acquired some bigness. After this curious allusion, he proceeds in asserting, that sometimes Twins are not of an equal bigness, which happens according as the one or the other hath more strength to draw to it in greater abundance the best part of the common nourishment. To illustrate his subject farther, he relates the case of a woman whom he delivered of a very great living girl by the feet, which first came to the birth: and upon fetching the after-birth he brought with it another child, a dead boy, as little again as the first girl, and seemed not to be, respecting his bigness, above five or six months: although they were both together at one time, as was manifest by their both having but one and the same burthen; and this second child was so little that it came together with the burthen, and wrapt up in the membranes, which he presently opened to see whether it was alive; but it had been a long time

dead, as it appeared by its corruption. — In CHAPMAN, we find the case of a woman, who was delivered of a dead *fœtus*, after the birth of a living child: a large child was born by the natural pains, in about two hours after the mother was taken in labour: he attended her, and introducing his hand (*as was his common practice*) into the *uterus*, the moment the infant was born, in order to receive the *placenta*, he found another child *decayed*, about the bigness of a *fœtus* in the sixth month, and he afterwards delivered two distinct *placenta's*: and RUYSCH tells us, of the wife of a certain Surgeon, at AMSTERDAM, in the year 1686, who brought forth a robust living infant, and within six hours after this birth, she brought forth likewise an *embrio*, of a considerable figure and magnitude; in which it was remarkable, that the *funiculus umbilicalis* resembled so many *hydatids*; so, that the whole seemed to be a chain of *vesicles* filled with a watery humour; and the *placenta* belonging to it, was of such a thickness and magnitude, that we seldom see it thicker or larger in a *fœtus* three months

months old. — In BURTON, we find a print representing the side and back view of an *embryo*, which was erroneously called a *superfatation*, being brought forth a few days after the birth of a living child, at its full term. To the same Gentleman we are obliged for the account of a mechanic's wife in YORK, who, when about two months pregnant, perceived daily a little water come from her womb; which made her apprehensive, that what she took for pregnancy, was really a *dropsy in the womb*, as she called it: however, as she found no immediate danger, and was willing to avoid expence, she made no application for assistance: although she daily parted with a little water for some days, and then the running ceased; she went on to her full time, and brought forth a living child, and had as much water in the bag, as she used to have with her former children; but the after-birth she said was larger than usual, having something growing to the side of it (as they told her): the next year she became pregnant again; and again the waters breaking out in the third month, she applied to

the Doctor for his assistance, lest (as she said) she should have the like substance grow again, that might be larger, and not be got so easily away. From the above account, he was led to conjecture what was the case, which was verified in the event: for he imagined, he says, she was with Twins, and that the bag of one of them had burst; but the other still increased and compressed the *placenta* and *embryo* within the bag, so as to appear as above described; he therefore desired the woman not to be under any immediate concern, but to keep at rest, and if any thing extraordinary happened to let him know: and when she should lie in, to tell the midwife to be particularly careful to examine the after-birth very accurately, and if there was any appearance different from what was common, to send for him: which accordingly was done; and he found the remains of a *fœtus* or *embryo*, about three inches long, with its integuments, &c. compressed very flat, and mostly corrupted, although the *new-born child* was at its full growth, and healthy: this, he says, made some of the by-standers imagine
there

there had been a *superfatation*; but he soon shewed them their error :—a mistake of the like kind, he tells us, happened at HARLINGTON, five miles from DONCASTER; where, the wife of a farmer fell into labour, and was delivered of a living girl, with the *placenta*, on FRIDAY, the 25th of MAY, 1750; and on MONDAY, the 28th following, about six o'clock was delivered of a *fœtus*, which came away with a massy substance; but, whether fleshy or composed of large clots of blood, they could not tell: however, the woman recovered very well; and the Doctor preserved the *fœtus* in spirits amongst his collection.—A case like this, is mentioned by JOHANNES DANIEL GEYERUS, M. N. C. DEC. 2. An. 5. Obs. 133, he says, a living child was born: and, “ Quum vero peritius secundinam inspicerem, quæ non ferè
 “ plerumque oblonga, sed plana & rotunda erat,
 “ inveni eam circumdatam tenaci membranâ,
 “ inque hâc inclusum alterum filiolum ad Spithanæ longitudinem cujus funiculus umbilicalis insertus erat propriæ placentæ, quæ alteri
 “ fortissimè convexa erat” This had been dead

for some time; for he says, "Cerebrum & he-
 " par erant putrida, corverô instar cordis claudæ,
 " refus instar phaseoli, funiculus umbilicalis in-
 " star pennæ insertus hepatis & vesicæ, &c."—

Dr. SMELLIE speaking of *superfætation*, says, in all those cases which gave rise to this supposition, it may be taken for granted, that the woman was actually with child of Twins; one of which lying next the *os internum* might chance to die and mortify, so as that the membranes give way, and the dead *fœtus* is discharged; while the other remains in the *uterus*, and is delivered at the full time. On the other hand, by some accident, the first and largest may be born some days or weeks before the full time, and afterwards the *os tincæ* contract so as to detain the other till the due period. At other times, the child that lies next to the *fundus* is the smallest, and follows after the birth of the other; sometimes dead and putrified, and sometimes in an emaciated condition. See coll. 6. vol. 2.—Also cases 106 & 107 of this work; besides the histories of *extra-uterine* conceptions given us in Dr. SMEL-

LIE'S Collection. In the Bibliotheca Anatomica, we have the case of a woman, who, at the usual period of gestation, had such pains as made her judge herself to be in labour; but to no purpose. About this time the *fœtus* died, and at the end of the eighteenth month, after suffering a great deal, she complained of a great pain about her navel, which was succeeded by a *fungous ulcer* near that part, which was afterwards dilated, and the *fœtus* taken out; which lay in the right *fallopian tube*, the head downwards and its heels to the *diaphragm*, the *placenta* adhering to the tube. This woman, we are told, recovered from this seemingly improbable operation, and bore children afterwards, viz. a girl, within two years; and in the space of another year, a girl and a boy at one birth.—In GIFFARD, we find the case of a *fœtus*, above six months old, contained in a *sacculus*, without the womb, and protruded through the *anus*: he tells us there was a large discharge of grumous blood, and other substances, through the *anus*; which continued coming away till the woman died: there was a

fulness and hardness very perceptibly to be felt outwardly in the fore-part of the belly, some distance below the navel, from the time that the *ætus* came away till the hour of her death; which, upon opening the body, he was well assured, was the *uterus* drove upwards and forwards by the *sacculus*, which being large and distended filled up the *pelvis*, and by its bulk pressed the *uterus* both upwards and forwards.—Dr. DODD, physician to St. BARTHOLOMEW'S HOSPITAL, was present whilst Mr. NOURSE, Surgeon to the said Hospital, and himself opened the body; wherein the *vagina*, *uterus*, *ligamenta rotunda*, the *ovary*, *fallopian tube*, and *ligamentum latum*; together with the *hypogastric* and *spermatic* vessels, were found on the left side in a natural state; the *fallopian tube* on the right side, was traced from the *fundus uteri*, almost to the *mosus diaboli*, where it opened into, and was confusedly and closely united with a *sacculus* immediately to be described; the *ovary* on this side, together with the *ligamentum latum* was dilated into a large *sacculus*, of an irregular form, extending

extending itself behind the *uterus*, (to the back part of which it adhered) and passing on towards the left side, was connected to that part of the *colon* that terminates in the *rectum*; as also to the *rectum*: in this *sacculus* was found part of a *placenta*, and the remains of the lacerated membranes; and besides the aperture of the *fallopian tube*, mentioned before, there was another about four inches in diameter, into the middle of the *rectum*: that part of the *ureter* on the right side, which lay between the *ovary* and the kidney was dilated; and so was that part of the *rectum* between the aperture and the *colon*; the dilatation of both these canals was caused from the contents being obstructed in the passage. This curious and uncommon case, the author tells us, was communicated to the Royal Society, and the parts shewn them: the President, Sir HANS SLOANE, ordered two draughts to be taken of them, which are annexed to this account, and very accurately described: the *fetus*, we are told, was perfect in all its parts; but much wasted, shrunk, and putrified, from its being
some

some time dead.—In CHAPMAN, we likewise meet with an extraordinary instance of a woman, who was delivered at the *anus*, in many respects similar to that which is above related by GIFFARD.—We find in the First Volume of Medical Commentaries, that Dr. HUNTER met with a very singular case, of a conception in the *fallopian tube*: in consequence of that tube having burst, an internal *hæmorrhage* had ensued, which occasioned the death of the woman: he shewed the parts to his pupils; the *uterus* was enlarged, nearly as much as it would have been, at the period at which the woman died, had the conception been in it; and the *membrana decidua* was distinctly seen lining the *fundus uteri*: he observed, that this case confirmed two opinions, which he had before entertained concerning the *gravid uterus*; it shewed, that the enlargement of the *impregnated uterus* does not happen mechanically from the increasing bulk of its contents; it shewed likewise, that the *decidua*, or outer *stratum* of the *secundines*, belongs to the *uterus*, and not to the *ovum*, or that part of the
 concep-

conception which is brought from the *ovarium*. In the second volume of the same work, we have the two following very singular accounts of *extra-uterine fœti*: the first is communicated by Dr. THOMAS YOUNG, Professor of MIDWIFERY in the University of EDINBURGH, to Dr. BELL, of the city of DUBLIN:—in the case of ELEANOR NOON, of GREHAN, in the county of MAYO, aged 21, who after being married fifteen months, had the usual signs of pregnancy; at the expiration of her reckoning she was seized with labour pains, which, by her own account, were very violent for some days, and continued near three weeks, gradually becoming more languid, until they entirely ceased: after this, she perceived no motion in the *abdomen*; but as her pains abated, her belly increased in bulk, and continued to do so till he saw her, which was in JANUARY, 1757: about five months after she was seized with the labour pains; at this time, the whole *abdomen* was so much distended, that the Doctor imagined that she and her friends had mistaken the case, and that it had been an *ascites* from the beginning;

ginning; but upon minute enquiry, he had too much reason to suspect what afterwards appeared to be well founded: she was emaciated to the greatest degree, and so weak, as not to be able to stand, or even to bear being raised, without distress; so, that from every circumstance, he judged it impossible that she could outlive a few weeks, or that any thing could be done to serve her; but upon going to the same part of the country, about four months after, he found her still living; he was then informed, that about a month after he had last seen her, all the waters had been evacuated from a small rent at the navel, and had come away in such quantities, and with such violence, that near four gallons were received in a very short time; mixed with this water there were some fleshy strings; and, as the oozing continued some small bones came away: this made the case evident beyond dispute; and a situation more distressful, continues he, could not be conceived, particularly, as the poor woman was perfectly sensible of it, with all its horrors, her understanding not being in the least

im-

impaired; she was, if possible, more emaciated than formerly; she had a constant hectic fever, and was so weak as scarcely to have power to speak distinctly: notwithstanding this, she was very desirous to live; and, what was extraordinary, says the Doctor, she did not totally despair of it; a circumstance, which, in his opinion, contributed not a little to save her life; he considered that nature had been sometimes remarkably favourable in cases nearly similar to this, and therefore resolved to assist its efforts by the application of proper cataplasms, in order to promote suppuration, as the integuments round the aperture were red, and sore to the touch; but he was disappointed in his expectations, for, in about seven weeks after, she was rather stronger, the charity of her neighbours having enabled her to procure proper diet; besides this, the opening was so closed, that with difficulty it admitted a small probe; and the redness and soreness were gone: from this time, he tells us, he determined on the extraction of the extraneous bodies by incision, as the only means left for relieving her:

on

on mentioning it to her, she eagerly desired that it should be done, from a conviction of there being no other chance left of saving her life : however, as her situation was so unpromising, as to give little hopes of success, he resolved to have the concurrence of more of the profession, and had her accordingly carried to GALWAY, which was about twenty miles from the place of her residence, by two men in a covered litter ; which journey she bore much better than could have been expected. On his consulting with Doctors JOYCE, RYAN, and BROWN, Physicians, residing in GALWAY, the necessity of the operation was agreed upon ; but from many discouraging circumstances, but little hopes of success were entertained : however, as the poor woman was still desirous of having it done, he performed it in the presence of the above physicians, and of Dr. SCOTT, and Mr. HOPKINS, two Army Surgeons, the latter of whom assisted him : he made an incision in the most prominent part of the *abdomen*, extending about two inches above, and as far below the navel ; at
this

this incision he extracted the bones of two full-grown *fœtus's*, for little besides the bones now remained; the patient bore the operation better than could have been expected; no *hæmorrhage* ensued, and she recovered her health so very speedily, as to be able to menstruate in little more than three months. In about three months more she was prevailed on to cohabit with her husband; she became pregnant in two months after, went to her full time, and had an easy and natural labour, and healthful child: since that she has had six more, and enjoys as great a share of health and strength of constitution, as most people. During the operation, the Doctor informs us, that he introduced his hand several times into the *abdomen*, both that he might extract all the bones and other extraneous matters; and, that he might be able to judge whether the *fœtus's* were in the *uterus*, or in any *cyst* formed for them: some of the other gentlemen present also did the same; but the weakness of the woman prevented them from making such an examination, as would have been sufficient for determining this point

point with certainty. Most of the gentlemen present imagined the former to have been the case: and, indeed, the thickness and firmness of the substance, in which the *fætus*'s were contained, seemed to corroborate that opinion; but besides this, the woman still persists, in asserting, that the waters came away from her in that labour in the natural way, and in the same manner that they have done in several other labours since; which assertion, if true, would put it beyond all doubt, that the *fætus*'s were lodged in the *uterus*, and not in any particular *cyst*.

— The other case is that of an *extra-uterine fætus*, voided by stool, twenty-two years after pregnancy, by Dr. PERCIVAL, F. R. S. et S. A. and is as follows:—JULY, 1751, Mrs. T. of R——, near MOTTRAM, aged twenty-four years, received a sudden fright in the sixth month of her pregnancy, which occasioned a severe pain in her loins, and was soon succeeded by a flooding, but without a miscarriage; these symptoms were relieved by medicines, then directed for her, by an experienced and judicious surgeon; but her

her *abdomen* afterwards became much distended, and continued so for about half a year; at the end of that time, it subsided all at once, while she lay in a recumbent posture: soon after her *menfes* appeared again, and returned at the stated periods in sufficient quantity; but they were always attended with violent pain: milk also flowed from her breasts during several years. In 1757 she was afflicted with great flatulence, and often with hysterical fits; her *uterine* discharges were become very putrid, and her health and strength seemed to be gradually impairing; she consulted our author in MAY, 1772, and received great benefit from an *emetic*, an infusion of *Peruvian bark*, and frequent doses of the acid *elixir of vitriol*: at this time she laboured under the *hæmorrhoids*; complained of great pain in her loins, and about the *os sacrum*; had frequent flushings in her face, and was much troubled with sickness and thirst. The apothecary had taken eight ounces of blood from the arm, and had given her some aperient medicines; he directed leeches to the *hæmorrhoidal* veins; an electuary

composed of the *lenitive electuary* flower of *sulphur*, an infusion of *columbo* root, and the following clysters, to be injected every night at bed-time. *Rec. Ol. e pedib. Bor. iv oz. Tinct. Theb. V. O. subact. j dr. m. f. Enema.*

MAY 12, she began this course of medicine.

13, she discharged by the *anus* two bones of a child's head.

14, she voided in the same way another bone of the head.

17, she discharged the trunk of the body, wanting some of the *viscera* of a female *fetus*.

19, she parted with a thigh bone; and afterwards was not sensible of any discharge of this nature.

On the 7th of JUNE, when the Doctor saw her again, her pains were abated, her appetite was improved, and her strength seemed to be daily increasing: in which state of convalescence she continued two months; and then, from
some

some cause, which the distance of her place of abode, prevented him from learning, she suddenly relapsed, and died in a few days. — In vol. 5, of the Medical Commentaries, Mr. JOHN SMITH, Surgeon, in UPPINGHAM, has communicated a very singular case to Dr. DUNCAN; in which the bones of the *fœtus* were discharged by stool; and from which the patient afterwards recovered.—In the Second Volume of Medical Observations and Enquiries, we find a case of an *extra-uterine fœtus*, described by Mr. JOHN BARD, Surgeon, at NEW YORK, in a Letter to the late Dr. JOHN FOTHERGILL; the history of which is as follows: Mrs. STAGG, the wife of a mason, about 28 years of age, having had one child, without any uncommon symptom, either during her pregnancy or labour, became, as she imagined, a second time pregnant; she was more disordered in this than her former pregnancy; frequently feverish; the swelling of her belly not so equal; nor the motion of the child so strong and lively: at the end of nine months, when she expected her delivery, she had some

pains; but without a flow of waters, or any other discharge; the pains soon went off, and the swelling grew gradually less; but there still remained a large hard, indolent, moveable *tumor*, inclining a little to the right side; she had a return of her *menfes*, continued regular five months, conceived again, and enjoyed better health: the swelling of her belly became more equal and uniform; and at the end of nine months, after a short and easy labour, she was delivered of a healthy child: the tumor on the right side had again the same appearance as before her last pregnancy; five days after delivery, she was seized with a violent fever, a purging, suppression of the *lochia*, pain in the *tumor*, and profuse fetid sweats. By careful treatment, these threatening symptoms were, in some measure, removed; but there still remained a loss of appetite, slow hectic fever, night sweats, and a *diarrhœa*. To the *tumor*, which continued painful, and gradually increased, were applied fomentations and emollient pultices; and at the end of nine weeks, Mr. BARD perceived so evident a
 fluctua-

fluctuation of matter in it, that he desired Dr. HUCK, Physician to the Army, to visit this patient with him, and be present at the opening of the *tumor*, concluding from the history of the case, that they should find an *extra-uterine fœtus*; an opening was made in the most prominent part of the *tumor*, about the middle of the right *rectus* muscle, beginning as high as the navel, and carrying it downwards; there issued a vast quantity of extremely fetid matter, together with the third *phalanx* of a finger of a child: introducing his finger into the *abscess*, he found an opening into the cavity of the *abdomen*, by the side of the *rectus* muscle, through which he felt the child's elbow: he then directed his incision obliquely downwards to the right *ilium*, and extracted a *fœtus* of the common size, at the ordinary time of delivery; the *frontal*, *parietal*, and *occipital* bones: as also, the third *phalanges* of the fingers of one hand, separated by putrefaction, remained behind, which he also took out: they imagined the *placenta* and *funis umbilicalis* were dissolved into *pus*; of which there was a

great quantity, by the use of fomentations and deterfive injections, while the discharge was copious, fetid, and offensive; and by the application of proper bandages, and dressing with dry lint only, when the *pus* became laudable, the cavity contracted, filled up, and was cicatrized in ten weeks. The source of the hectic being removed with the help of the bark and *elixir of vitriol*, and a proper diet, she quickly recovered good health; her milk, which had left her from the time she was seized with the fever, returned in great plenty after the *abscess* was healed; and she was able to suckle a healthy infant.

FOR the following very remarkable Case of an *extra-uterine fœtus*, we are obliged to Dr. CHARLES KELLY; and for the communication of it in the Third Volume of Medical Observations and Enquiries, to the late Mr. MACAULAY.

IN the year 1756, he was desired by Dr. CRAWFORD, to go with him to see a patient he had been called to three days before, who appeared

peared to be in labour, and had been attended by a midwife three or four days before he was sent for: on passing a finger into the *vagina*, the head of a child was plainly felt, and so far advanced into the *pelvis*, that it seemed to require but two or three pains to bring it into the world; but on a deliberate examination, the following peculiarities made the case appear quite singular. First, although the head was so far advanced into the *pelvis*, as to be but the length of a finger joint from the *fourchette*; yet the *os tinæ* was situated close to the *symphisis* of the *pubes*, and so high up, that it was very difficult to reach it; and, so far as this difficult access would permit a judgment to be formed of the state of this part, it seemed to be not at all dilated; and its *labia*, were more hard, as well as more prominent, than could be expected, as the woman thought herself arrived at the full time of pregnancy. Secondly, if the fore finger of one hand was passed *per vaginam*, and that of the other *per anum*; the child's head was plainly felt, and even the *futures* distinguished between them both; but, *per vagi-*

ginam only; no more than one side of the head could be felt, which was that side which pointed towards the *pubes*. Thirdly, on feeling the *abdomen* externally, the upper limits of its tumefaction were not so regularly circumscribed, as is usual in the latter months of pregnancy: these circumstances maturely considered, gave room to suspect, that the child was not in the cavity of the womb; for, although it often happens, that the head descends very low into the cavity of the *pelvis*; while the *os uteri* not only remains undilated, but likewise is situated so high up, that we reach it with difficulty; yet, in these cases, the *os uteri* generally, if not always, points towards the *sacrum*: whereas, in the case under consideration, it was so close to the *pubes*, that the finger was pretty much pressed between that and the tumor made by the blood, before it could be reached; by the second peculiarity, the head did very clearly appear to be got down between the posterior part of the *vagina*, and the interior part of the *rectum*; for though there is no natural cavity there to receive it, yet, it is well known,

that

that these two membranous parts, which make the partition between one passage and the other, are connected together by a cellular membrane; which may very easily give way to the pressure of any solid part protruding against it, with that degree of force, which the head of the child in this case, did; especially, as it was continued for so long a time as eight days: during which, the pains were strong and frequent. There is naturally a deep sort of cavity between the *rectum* and the back part of the *uterus*, made by the *peritonæum*, descending pretty low, and forming a kind of pouch, in which a portion of the small intestines, when the *uterus* is not pregnant is commonly lodged; and sometimes, the intestines themselves, by pressing hard against the *peritonæum* at this most depending part of the *abdomen*, gradually stretch this membrane, so as to deepen this cavity much, and thereby dissect as it were the back part of the *vagina* from the forepart of the *rectum*; and by these means, form that tumor in the *vagina*, which is called a *hernia vaginalis*: in this case, the head of the child

seemed

seemed to have produced the same effect. No circumstance so strongly indicated the head being in this situation, as that of not being able to pass a finger between the tumor made by the head and the back part of the *vagina*; for, in every natural case, where the head is so far advanced into the *pelvis*, as it was in the present; even though the *os uteri* be not dilated, there is always a vacant space between the tumor made by the head and the back part of the *vagina*: but here there was none. The third Peculiarity above-mentioned, served to corroborate that opinion of the case, which the first and second gave rise to; for, as the patient was a very thin woman, had the *uterus* been distended in the usual manner, the circumscribed border of its *fundus* might have been distinctly felt through the *parietes* of the *abdomen*. The friends of the poor woman, who were pressing to know why she was not delivered, were given to understand, that it was greatly apprehended she could not be delivered at all; as the child, instead of being in the womb, appeared to be in that part of her belly.

belly, from whence Nature had provided no passage: however, the case was promised to be considered of, and if it appeared practicable, to relieve her by any method that might occur to the Gentlemen concerned in the case, they would do so; but, for the present, they could do nothing more than order something to raise her spirits, and abate the severity of her pain. As people are seldom unanimous in their opinions, when cases of so uncommon a nature occur, no method, that was likely to succeed, was determined upon till it was too late to be put in practice: for the patient expired in the night of the succeeding day. Our author adds, that the night after this discouraging account of her case, had been given to the people about her; who, he says, little understood, and less believed, what was told them; as the pains continued strong, another midwife was called to her; who, upon examining, assured the patient, and all present, that she would be delivered very speedily; and she hoped likewise, with all desirable safety; and accordingly ordered what was necessary for
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the reception of the child to be got ready immediately: what served to confirm these hopes, we are told, was a small red discharge, which soon after came on, and was regarded as a promising appearance; but this was produced by the midwife's having mistaken the posterior part of the *vagina*, against which the head strongly pressed, for the membranes; which these mistakes, our author allows were both natural, and perhaps excusable: and says, that his sole reason for mentioning them, was to point out how near the birth the child's head seemed to be: he then proceeds, and says—being informed of the fatal conclusion, we were solicitous to know, if our opinion of the case had been justly formed, and went to ask the husband's permission to make the necessary enquiry for that purpose; he was gone out, and had left positive orders that she should not be opened. After waiting a considerable time, expecting his return, and hoping to prevail over his prejudice by the reasonable arguments made use of on such occasions, we at last persuaded the women who were left in charge of
the

the body, to permit us only to shew them, that the child was not in the womb; whereby both they and the husband would have the satisfaction of knowing that his loss had not been owing either to negligence or ignorance. As this consent was but faintly, and with great reluctance given, and as we expected every moment the husband's return, who might treat us very roughly, for acting counter to the orders he had left, we did not make the examination with that deliberation and accuracy we could have wished; however, we gained great satisfaction in regard to the principal objects of our enquiry. The discoveries made on opening the *abdomen*, I shall relate in as concise a manner as their nature will permit. The *uterus*, instead of being the first and largest part in view, was but just raised above the *os pubis*, and had the usual appearance of a womb in the unimpregnated state. The cause of this situation was very apparent, as we found the head of the child settled quite low down in the *pelvis*, between the *vagina* and *rectum*, just as we expected; the head, in descending,

had

had obliged the *uterus* to rise above the *pubes*; the feet of the child reached very near the *scrobiculus cordis*, but were not visible till the *omentum* and a large portion of the small intestines were turned aside; the child was not large, neither was it so small as some children at the full time; the *cuticle* was entire, and there were not, either in colour, smell, or any other respect, the least signs of putrefaction; by which we judged it had died much about the same time with its mother; the *placenta* adhered mostly to the *peritonæum*; on the right side of the *abdomen*, extending from the *umbilicus* to the *ilium*; and its posterior edge adhered to a part of the *mesentery*; its inferior part was attached to the right *ligamentum latum uteri*; from whence it extended upwards towards the ribs: it was attached more firmly to these parts, than the *placenta* in general is to the *uterus*: and, in proportion to the size of the child, was twice as large in its surface as might have been expected. They would have been extremely glad, he says, to have examined the appendages of the *uterus*, especially

cially the *fallopian tubes*; but their hurry and confusion, from their being so disagreeably circumstanced, prevented them; and they were too closely watched to take any thing away; therefore they were not able to discover, whether or not the child had burst one of the *fallopian tubes*, after being sometime contained and nourished therein, as most commonly happens with *extra-uterine fœtus's*; but, from circumstances, it seems most probable, that the *ovum*, when first disengaged from the *ovarium* had fallen to the depending part of the *abdomen*, without being received into the tube. The circumstances which countenance this opinion, are principally these: in the first place, the woman had never been affected in that manner which women are, when one of the *fallopian tubes* is ruptured by the growth of an *ovum*, detained in its canal; such as being suddenly surprized with a sense of something bursting within them, attended with violent pain, and a discharge of blood from the *uterus*: she had, indeed, her menstrual discharge, but this was regular in point of time, though deficient

cient in quality, especially in the latter months; she had not been afflicted with any particular pains, till she thought herself in labour: her principal complaints before that, were a great bearing down backwards, as she expressed it, and a difficulty in going to stool. In the next place the child was alive, and plainly felt to move, during the time she seemed in labour; whereas, in a case where the tube is burst, our author believes it commonly happens, that the child dies soon afterwards, and long before it has acquired its full growth: and in the last place, the attachment of the *placenta* to the *peritonæum*, affords a strong presumption for entertaining the opinion above-mentioned; for, had the *ovum* remained any considerable time in one of the tubes, its vascular part or *placenta* would have adhered to the internal surface of the tube: and, although upon the tubes bursting, the *fœtus* might have been disengaged from it, yet the *placenta* would either have remained adhering to the tube, or would not have been attached at all to any part; but the adhesion (as has been already observed)

was

was uncommonly firm ; that the *peritonæum* was the part to which it did adhere, is a fact we should not be deceived in, for being an unexpected circumstance, it engaged our particular notice. It may not be amiss to observe, that this situation of the *placenta* seems to corroborate the present prevailing opinion, that a *fœtus* in the womb is not nourished by a transmission of red blood from the mother to the child, but by nutritious juices absorbed from the maternal blood by the *placenta*. I cannot, says this Writer, help pointing out another particular relating to the *placenta* in this extraordinary case ; I mean its being so very large in proportion to the bulk of the child : Nature here furnished an instance of her care and attention ; for, as the *peritonæum*, destitute of large blood vessels, cannot be so well adapted to the purpose of transmitting nourishment to a child, as the internal surface of the *uterus*, Nature, in order to compensate that disadvantage, gave the *placenta* a much greater extent of surface than common, and thereby a large scope for performing its of-

fice. The only method that gave hopes of success in the above case, was the making an incision through the posterior part of the *vagina*, against which the head so strongly pressed; and which, in consequence of that pressure, was become extremely thin, the child might, by such means, have been easily extracted; and it is likewise very probable, that the *placenta* would in time have disengaged itself, and procured an exit through the same opening; but how soon, or how well, this aperture might have closed, and prevented a dangerous descent of the intestines, mere conjecture cannot determine. This woman, we are farther informed, had miscarried two or three times; but never went her full time before.

It is observable, that the only method by which it is allowed, there was a probability of success in the above-mentioned most extraordinary case, we find to exactly correspond with the idea entertained by Dr. COLIN MACKENZIE, in a similar instance, in his Reply to my last Letter.

IN

IN the same Volume of Medical Observations and Inquiries, we are favoured with the Extract of a Letter from Mr. WILLIAM HAY, Surgeon, at LEEDS, to Dr. WILLIAM HUNTER, with an account of an *extra-uterine fœtus*, dated LEEDS, APRIL 9, 1766. The singular circumstances attending this uncommon case will, I presume, sufficiently apologize for the Whole of its insertion here; the following, is therefore a literal transcript of Mr. HAY's Letter to the Doctor.

“ I HAVE taken the liberty to send you an account of an *extra-uterine fœtus*, which lately came under my inspection; together, with the symptoms preceding the death of the patient, noted down as they occurred (except a little in the beginning) during my attendance upon her. I do not remember to have read one case amongst the great number which are published, of this kind, where the *placenta* remained in the *uterus*, while the *fœtus* was wholly out of it. What happens in sudden lacerations is not now taken into consideration; it was this circumstance that

“ rendered the *diagnosis* so obscure in my patient.
 “ I was inclined to believe there was something in
 “ the *uterus* by the shortening of the *os tincæ*, and
 “ pressure of the *collum uteri* upon the *vagina* ;
 “ while the want of that distinct distension of the
 “ *uterus*, which one feels through the *abdominal*
 “ *parietes*, in the latter months of pregnancy ; to-
 “ gether with the hardness and length of the *os*
 “ *tincæ*, at the end of the ordinary term of preg-
 “ nancy, afforded great reason to doubt of the
 “ *uterus* containing a full grown *fœtus* ; yet the
 “ peculiar sensation in the *abdomen*, complained of
 “ by the patient ; the flow of milk from the breasts,
 “ under the circumstances mentioned in the case,
 “ urged me strongly to suppose there must be a
 “ *fœtus* somewhere ; the dissection reconciled these
 “ apparent contradictions. In the case sent you,
 “ I have endeavoured to describe the symptoms,
 “ &c. as clearly as I could ; and, I hope, I have
 “ neither omitted any very material circumstances,
 “ nor disguised the truth. I cannot attest the or-
 “ der of these facts, by the concurrent evidence
 “ of any Gentleman of the Faculty ; for no one
 “ visited the patient constantly but myself : she was
 “ seen

“ seen however, at different times, by Dr. HIRD,
 “ Dr. CROWTHER, and Mr. DAWSON ; to whom,
 “ (as well as to Mr. LUCAS) I mentioned my sus-
 “ picion of an *extra-uterine fœtus*, though with
 “ great diffidence, from the obscurity of the case.”

THE HISTORY OF THE DISEASE.

IN the latter end of AUGUST, 1765, I visited the wife of A. B. aged 35 ; of a good habit of body, who was advanced two months in her second pregnancy, and complained of a violent pain in the *abdomen* : this complaint not immediately yielding to *opiates*, eight ounces of blood were drawn from the arm, gentle laxatives administered, and emollient clysters injected ; by these means the pains abated, and she continued free from this complaint till the sixth month of her pregnancy ; at least, the degree of it was so small, that she made no application for medical assistance : it was felt chiefly in the *umbilical region*, but sometimes darted to the *ilia*, especially the left ; and sometimes, though less fre-

P 3

quently,

quently, to the *pudendum*, *anus*, and *thighs*: this pain very seldom left her entirely, yet had frequent remissions; these continued rarely above an hour or two at a time, and were generally interrupted by the motions of the *fetus*, which always brought on a severe paroxysm; her pulse being moderately full, though not very tense, six ounces of blood were taken away at the beginning of this second attack, which procured some short relief. After a few weeks the pulse began to sink, and became more contracted: however, as the violence of the pain did not abate, the same quantity of blood was again drawn, but with less effect. Thro' the whole course of this disorder, her body was kept open by lenient purgatives of various kinds, as she was generally inclined to be costive: and *opiates*, in different forms, were frequently administered, as the violence of the pain required: once or twice she was relieved by fomenting the *abdomen*, with flannels dipped in warm water, mixed with one sixth of vinegar; but the fomentation soon lost its good effect: she seemed

to obtain the greatest relief from the application of a large plaister to the *abdomen*, composed of an ounce of strained *galbanum* and a drachm of *opium*. Towards the conclusion of the term of pregnancy, she was sometimes seized with pains, so much resembling those of labour, that she sent for me twice, expecting to be delivered: once at the end of the eighth month, and again near the middle of the ninth. I had then an opportunity of examining the state of the *os tinæ* and *abdomen*; the *os tinæ* was much harder and longer than it usually is in the eighth month of pregnancy; and there was a greater and more extended pressure of the *collum uteri* upon the *vagina*, than is felt before impregnation; the *abdomen* was hard and distended as high as the mean distance between the navel and *scrobiculus cordis*; yet I could not feel any distinct swelling of the *uterus* through the abdominal *parietes*. Near the end of the ninth month she was attacked with a vomiting, which continued violent for two days; the matter thrown up had a porraceous appearance. After taking the fa-

line draughts, and other anti-emetics joined with the *tinct. thebaica*, without benefit, the vomiting was staved by the solid *opium*, a grain of which was given every hour for five hours successively; a slight *uterine hæmorrhage* succeeded the vomiting: this discharge became *serous* the day after its appearance, and continued so about a month, except a few days, in which the *hæmorrhage* returned: she had likewise, after the vomiting, a *prolapsus* of the anterior part of the *vagina*, which descended without the *labia*, in form of a gut. About the end of the ninth month, the motion of the *fœtus* ceased, and with it that violent pain in the *abdomen*, which had afflicted her near four months: the breasts soon afterwards began to swell, and in a week's time the milk flowed from the nipples; the breasts shortly became again flaccid, but a small quantity of milk continued to flow, upon pressure, for a month: she now complained of soreness and uncommon coldness in the *abdomen*; her burthen felt heavier, and seemed to her to fall with a greater weight than usual, whenever she turned herself

herself in bed; she therefore laid chiefly upon
 her side, as the bed proved a support for her
 body in that posture: although the pain in the
umbilical region ceased with the motion of the
fœtus, as just mentioned; yet she had for a month
 after this period, frequent returns of the same
 spurious labour pains, which had come on to-
 wards the end of the usual term of pregnancy.
 According to the patient's account, these pains
 were considerably different from each other: the
 former she compared to the sudden twistings of
 her bowels with a cord; the latter affected
 principally the contents of the *pelvis*, and were
 attended with a violent *thrusting* (to use her own
 expression) at the *anus* and *pudendum*: the last
 and most severe of these false labour pains hap-
 pened a month after the ceasing of the child's
 motion, and continued six hours, with very
 short and rare intervals of ease. I was with her
 above two hours of this time, and found the *os*
tincæ not at all affected with the pains: it was
 indeed shorter and lower in the *pelvis*, than at
 the end of the eighth month; but I was not sen-
 sible

fible of any change in its hardness ; there was likewise a more considerable pressure from the inferior part of the body of the *uterus* ; that portion of the *vagina*, which had been prolapsed, was now retracted, so as to form only an inconsiderable prominence. In this paroxysm she got some relief by three grains of *opium*, given in as many hours ; although a frequent vomiting, which attended the pain, did not suffer them to stay long upon her stomach : the pain, however, ceased soon after injecting a clyster, made with four ounces of broth, and sixty drops of *tinct. thebaica* ; a considerable quantity of bloody *serum* was discharged next day by the *vagina*, and the *abdomen* remained very sore for several days. The patient lived two months after this severe attack, and was seldom above a day or two, at once, free from vomiting ; the matter thrown up was, once, for a few days, *stercoraceous*, during which time she had no stool ; but, in general, it had a porraceous appearance, and her stools were regular : she had likewise very frequent, and often loud *borborygmi* ; she took twenty drops of
tinct.

tincl. thebaica every night, during the last month of her life, which generally allayed the vomiting, and suppressed the *borborygmi* for seven or eight hours; there was a sensible fluctuation in the *abdomen* a fortnight before her death, which did not happen till she was emaciated to the last degree; notwithstanding the greatness of her sufferings, she was seldom confined to her bed above four or five days together, and could generally walk down stairs, by the assistance of her husband, till within three weeks of her death. The lower extremities, especially the left, began about this time to remain *ædematous*, and even when kept in an horizontal position, which before had always removed the slight *ædema* formed in the day time.

THE DISSECTION OF THE BODY.

BEING desirous to obtain a more certain knowledge of the cause of these uncommon symptoms, than I was able to acquire, during the life of the patient, I procured leave to examine
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the contents of the *abdomen*, &c. after death, which was done in the presence of Dr. CROWTHER, a physician of this place; and Messrs. DAWSON, BILLAM, and LUCAS, Surgeons. I made a puncture in the *abdomen*, in order to let out the contained fluid, which was in quantity about two quarts, and resembled chocolate both in colour and consistence: we observed some minute lumps of a curdled nature, mixed with it, together with a small quantity of a fluid resembling *pus*.

The *abdomen* being laid open by a transverse incision, we perceived the *omentum* much extenuated, closely adhering and covering the surface of a large *sac*, which nearly filled the cavity of the *abdomen*, the *omentum* adhering likewise to the *peritoneum*: below this *sac* there appeared in the *hypogastrium* another of a more globular form, stretching upwards about half way betwixt the *ossa pubis* and the navel, and occupying with its center the left *inguinal* region. The intestines, at first view, did not appear;
but,

but, upon removing a little the large *sac* from its natural position, we found the transverse arch of the *colon* contiguous to its superior part, the greatest part of the intestines thrust up into the left *hypochondre* and the rest interposed between the great *sac* and the *spine*: wherever the intestines lay in contact with the *sac*, they had formed thereto such strong adhesions, that it was difficult to separate them without tearing either one or the other; the intestines in general were in a morbid state, and had a livid gangrenous appearance; they adhered in many places to each other, as well as to the *sac*: upon the whole, therefore, I may say, that the cavity of the *abdomen* was obliterated by the universal adhesion of the parts to one another; and the fluid which was drawn off by a puncture in the *abdomen* before the body was opened, that it might not be spilled, and which I had supposed to be contained in that cavity, was actually contained in the great *sac*; the external surface of the *sac*, after tearing off the *omentum* was smooth; its thickness was about one eighth of an inch; its

internal

internal surface was spongy, flocculent, and slightly wrinkled, somewhat resembling that of the gravid *uterus*, after the membranes are separated from it. It contained besides some remains of the fluid abovementioned, a full-grown *fœtus* of a moderate size, lying in a curved posture; the head, with the face turned forwards, occupied together, with the left arm, the space betwixt the right *os ilium* and the *spine*; the back was turned upwards, and the feet to the left side of the *abdomen*; a small process or *sacculus*, resembling the finger of a glove, was formed betwixt the thighs of the *fœtus*, by the adhesion of the anterior to the posterior part of the great *sac*, into which a portion of the small intestines had insinuated itself; the *umbilical chord* adhered, in many places, to the internal surface of the great *sac*: by tracing this, we were led to a large aperture in the right side of the inferior globular *sac*, already mentioned; from whence, that which contained the *fœtus* seemed to have its origin. This inferior *sac* we now found to be the *uterus*, containing a very thick *placenta*, which adhered

very

very firmly to about three fourths of its internal surface, having the navel string attached to its center; and this center corresponded nearly with the center of the *fundus uteri*; the *placenta* was not thin, and extended in the *uterus* as in a natural pregnancy; but thick in proportion to its breadth: for, as the *uterus* was nearly round, and the *placenta* filled about three fourths of its cavity, the *placenta* itself made a large segment of a sphere, opposite to the *os tincæ*; it had a smooth surface, into the middle of which the *funis* was inserted; and the cavity, between this and the *os tincæ*, had been filled, no doubt, with the chocolate-like fluid above-mentioned; the *placenta* filled up the greatest part of the aperture of communication between the *uterus* and the *sac*, leaving a narrow transverse opening at its inferior part, through which four fingers might be easily introduced in a flat form; the substance of the *uterus* was from one half to seven eighths of an inch in thickness, in different parts; and some of the veins were large enough to admit the tip of my fore-finger. We could find no
overies;

ovaries; the *fallopian tube*, on the left side, was very small: the place of that on the right side, was occupied by the beginning or orifice of the *sac*. There were no proper membranes of the *fœtus*, distinct from the *sac*, in which it was included. But to speak the truth frankly, when I sat down to write this account, I recollected that I had not, at the time of the Dissection, taken sufficient pains to trace the membranes from the edge of the *placenta* all round; so that I dare not now, though I believe it, affirm, that they lined the small remaining cavity of the *uterus*, and made the inner *stratum* of the great *sac*; the *uterus* was so firmly connected with the adjacent parts, behind, and on each side, that a separation could not be made without violence: half of its upper part was covered by the *sac*, to which it adhered; the *uterus* felt so heavy, that I weighed it with the contained *placenta*, and found their weight together to be two pounds and a half avoirdupoise; the bladder was small, empty, and connected as usual; the stomach, liver, and *thoracic viscera*, appeared to be in a
found

found state; the *cuticle* was not at all stripped off from the *fœtus* by our handling it, during the examination of this remarkable case.

BARON HALLER has published an account of an extraordinary pregnancy. The woman, whose case is related, became pregnant in JUNE, 1763, and after continuing some months in a state of *languor*, recovered her health again: she continued in perfect health till JUNE, 1772, when she was carried off by a putrid fever, ascribed to the putrefaction of a *fœtus*, which, on opening the body, was found within a *sac*, communicating with the *uterus*; besides those, already mentioned, we meet with many other cases of *extra-uterine* gestation, in several writers upon the subject of MIDWIFERY: and in most of the relations upon this matter, where the *fœtus* remained in either of the *ovaria* or *tubes*, or formed an attachment to the external part of the *uterus*, or its contiguous parts, it was always small in size, and most commonly died at an early period. Instances have often occurred of

their being discharged by abscesses through the integuments of the *abdomen* or *per anum*, by stool. The *secundines* and waters in which such *fœtus's* are enclosed, are usually similar to those in *uterine* gestation; but the *placenta*, which in these cases is often very large, and the external *chorion* form a strong attachment to whatever parts they come into immediate contact with. — As a reference to Case 95, communicated in my last Letter to the late Dr. MACKENZIE. See LA MOTTE, Case 308.

CASE

C A S E XCVI.

ANN HALES, an unmarried woman, aged twenty-five; naturally of a healthy and strong constitution, but of a low, suspicious and melancholy turn of mind, applied to me in the month of FEBRUARY, 1772; she complained of terrors, tremors, disturbed sleep, pain in her head, loss of appetite, the suppression of her *menfes*, which she attributed to a cold from a damp shift, and an inability to apply with attention to her usual business, as a servant; supposing the case to be chiefly hysterical, and not in the least suspecting the real cause, for the present I treated it as such: and in a few days after that, was informed, that the night before, having shewn considerable vexation of mind, she had put an end to her exist-

ence, in the following very extraordinary manner: she had tied a jack-line (with a sailor's knot, which she had learnt from having lived in a place, chiefly the residence of sea-faring people; a knot, which it was said no one in the family could have made but herself) twice round her neck, and once round the foot of her bed, which was scarcely ten inches from the ground; her head was close down to the foot of the bed resting upon the floor, and her body bent double over it, and resting upon her feet: a very strange posture to throw herself into, and which must require much agility, contrivance, and resolution, and have killed her, either by immediate strangulation, or the instantaneous dislocation of the *vertebræ colli*: I did not see her, however, in this posture, but give it nearly as it was described to me, by those who found her; to whom it appeared so unlikely, that she could have done it herself, that hard suspicions arose of her having been murdered by some other person; but, upon the strictest enquiry, it could not be discovered that
there

there was any other aid or assistance, than her own, in the completion of this tragical business. Upon the Coroner's Inquest, it appeared by the affirmations of two of the persons examined, that she had been often heard to declare, with much vehemence, that if ever she was with child, she would immediately make away with herself: it was therefore thought necessary to open the body, and I was employed to do it. The *uterus* being taken out of the *abdomen*, I observed, that the texture of its substance was not so compact as that of an *ungravid uterus*; its vessels were exceedingly enlarged, and much convoluted. I can't say that I took any particular notice of the *ovaria*, or *fallopian tubes*, my principal attention being directed to the contents of the *uterus*, the thickness of which was at least half an inch: it contained an *ovum* as large as a goose's egg, and not at all unlike it in figure; in which was a *fetus*, so well formed, that the cavities of the trunk were closed, and all the other parts so manifest to the naked eye, that it was evidently to be distinguished of the feminine

gender; the head was much disproportioned to the other parts, being nearly as large as them all put together; the *ovum* contained about four ounces of limpid fluid; the *funis umbilicalis* was large in proportion to the *fœtus*, and the *secundines* were complete. After a sufficient inspection, I made my report accordingly; and gave it as my opinion, that the deceased, at the time of her death, was in the fourth month of pregnancy. Were it not, that LA MOTTE, in his Reflexion on Observation 176, had sufficiently confuted HARVEY's assertion, in regard to the deficiency of the *placenta* of a child at three months, the case before us might have fully served to evince the futility of such an opinion.

CASE

C A S E XCVII.

FALSE Conceptions being now accounted for in a probable and certain manner ; and what was, and is often still so called, being known to be nothing more than the dissolution of a real *embrio* or *fœtus*, after the total extinction of its vital principles : amongst the many cases of this kind which I have met with in my practice ; I shall only select the three following as worthy of notice. A young woman, of a delicate, nervous, and vascular system, whom I had delivered twice before ; being big for the third time, and having gone, according to her own account, about three months, was taken with exceeding sharp pains, accompanied with a small discharge of blood from the *vagina* : the next day, the 29th of OCTOBER, 1772, the pains decreased ; she had

tremors, syncopies, and shiverings; and the *hæmorrhage*, which had been but trifling, now became dangerously copious. It was thought proper that I should be consulted. Upon my coming to her, I found a midwife, who had been with her from the first of her complaints, who shewed me a large clot of blood, which she had carefully preserved in a cloth for my inspection: this she called a *false conception*, which she alledged was the whole that was to come away, and that nothing more remained behind. I washed the *coagulum*, and carefully examined it; but, upon the most minute examination, could not subscribe to the opinion of the midwife: I therefore proceeded to make a proper examination; the consequence of which was, I found a soft, pulpy substance, filling up the *os internum*, which I instantly delivered; and soon after the flux of blood entirely stopped: it was an *ovum* about the size of a pigeon's egg, which contained nothing more than a thick gelatinous substance; but I could not discover in it the least rudiments of a *fœtus*. The patient remained in a
low

low and debilitated state for some time; but at length perfectly recovered: and soon after being pregnant a fourth time, in the third month of gestation was attacked with the jaundice, to a most violent degree; for which she was twice bled, took the neutral salts and sea water, which in some measure palliated the symptoms; yet the yellowness of the countenance, and whites of the eyes still remained: and notwithstanding her lying-in was attended with every favourable circumstance that could be, it was succeeded by this disorder, in a much higher degree than before her delivery, and it did not entirely terminate till four months after it; when she voided a gall-stone nearly as large as a middling-sized marble: it was somewhat remarkable, that she suckled her child the whole time of her illness, and it was healthy and strong; and notwithstanding the *icteric* affection which the mother laboured under, was not in the least tainted with that complaint: and, I remember to have seen two other women, who had the jaundice to a great degree, at the time they suckled their own chil-

children, who were not in the least affected by the disorders of their mothers; hence it may be reasonably inferred, that the milk is not in this case, either in its colour or taste, at all impregnated with the bile.

CASE

C A S E XCVIII.

A SLENDER and sickly woman, whose *menfes* had always appeared at the usual periods, on the 4th of MAY, 1773. missed them entirely. In the beginning of AUGUST following, I was called to her, and told by the women in waiting, that she had been ill with pains, and a flooding for three days, and that she had now miscarried of a *false conception*: upon examining the cloths, I found several large *coagula* of blood: and further, upon the most minute examination, although, it was not in my power exactly to discover the cavity from whence it had elapsed, I found an *embrio*, nearly the size of a barley corn; but it had not sufficiently unfolded itself from its original

original *minutia*, as to present any perfect rudiments of the *fœtus*. This was undoubtedly a *real conception*, although the membranes had been ruptured, and the *embrio* forced away from them. The woman having lost a large quantity of blood, which was now stopped, and the pulse being weak, I prescribed her a cordial medicine, and put her upon a proper regimen; by the help of which, her strength was recruited; at the end of three weeks her *menfes* returned, and came pretty exactly to that period for several successions: at length, in the DECEMBER following, they again disappeared; and in the last week of JANUARY, 1774, she was seized with strong bearing-down pains, in consequence of which several clots of *congelated blood* were expelled; but, upon the strictest enquiry, I was not able to find any thing like, either *embrio*, or *secundines*; therefore, this case also went under the denomination of a *false conception*; she recovered this time better than before, had a return of the *menfes* in MARCH following, and was regular in their visits till the middle

middle of JULY, when they again ceased: and soon after that she had sickness at her stomach, and other symptoms consequent upon their obstruction: in the tenth week from this period, without any manifest cause, she began to complain of frequent pains in the *hypogastric* region, and in a few days after was seized with a slight *uterine hæmorrhage*, which suddenly increased on the fourth day from its appearance, and I was sent for to inspect a substance, which had been expelled with much pain; and in which, upon the most careful examination, I could discover nothing more than a large *coagulum* of blood; and therefore the midwife and attendants determined this also to have been a *false conception*. Upon these repeated attacks on a weakly frame, the patient was now a considerable time before that she recovered any degree of her former strength, has had her *meneses* very irregularly ever since, and been more or less affected with nervous symptoms, which have reduced her to the lowest extremity.

CASE

C A S E XCIX.

M. S. a young married woman, who had always enjoyed a regular state of health; in the first week of JUNE, 1775, being her expected period, the *menfes* did not return, and she was attacked with *nausea*, particular averfions, and other fymptoms of conception, which went on till the latter end of AUGUST; when, after a fudden furprize, a flooding enfued, attended with fome pain: and on the third day an *ovum* was expelled, which contained a fmall *embrio*, wherein the rudiments of the *fœtus* were confpicuous to the naked eye, and which I preferved in fpirits. On the third day after the expulfion of this *ovum*, I was defired to look at another fubftance, which had come away a few hours before, and which, by its detention, had acquired
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a most considerable stench; it was made up of black *congealed blood*, and seemed surrounded with something like a membranous substance; but when I divided it, it was found to consist wholly of *coagulated blood*: however, this passed in common amongst the good women, for a *miscarriage* and a *false conception*: and I have observed, that this species of *false conception*, amongst midwives and nurses, is more frequently met with than any other. They have often shewn me *coagula* of blood as *false conceptions*; and to contradict their being so, were an idle task, as these are ignorant prejudices of too long standing, and are too firmly rooted to admit of easy conviction: and, perhaps, it is quite enough, for the Surgeon to know the real cause, without stooping to an explanation, where he is sure not to be understood. The membranes again being torn, and some parts of them retained, after the delivery of the *placenta*, has also furnished abundant matter for *false conceptions*: and I have often seen after deliveries, exhibitions of both *coagula of blood*, and *portions of the membranes*,

membranes, which were both denominated *false conceptions*; or, it has been supposed, would have been children, but for some unknown cause. Vide LA MOTTE, chap. 7. Obs. 14, 15, &c. and Dr. SMELLIE, vol. 2. coll. 8.

It was formerly believed by some, that both a *false conception* and a *mole*, owed their origins to disorders of the *placenta*; but neither of them are now in the least imputed to any morbid defect of that *vascular mass*.

CASE

C A S E C.

THE disease then commonly known by the name of *false conception*, being nothing more, than either the dissolution of the *fœtus* in the early months of gestation, meer *coagula of blood*, after a flux from the *uterus* at any period of life; or detached portions of the *placenta* or *secundines*, after abortions or deliveries. We come next to another kind of *spurious gravidity*; which is that *unorganized, lifeless mass*, either of a *fleshy, spongy, fibrous, scirrhous, or membranous substance*; that remaining for some months in the *uterus*, is ultimately expelled by its propelling force; and which has been long distinguished: but, as it appears very unnecessarily, by the name of *Mola*, and was wont to be thought by some, to be actually the first *strata* of the *embryo*;

which, by some occult cause or other, had been transmuted in its formation, but which seems to be more properly determined, a *uterine concretion*, not in the least formed by the union of prolific principles; a case of this kind occurred to me in the month of JANUARY, 1780. About the beginning of AUGUST in the preceding year, ELIZA BYNG, twenty-four years of age, who had miscarried once before in the third month; having again missed her *menfes*, *nausea*, *retchings*, and other symptoms of breeding ensued; the *mammæ* became tumefied and hard; the *abdomen* swelled, gradually arose from the *symphisis* of the *pubis*, and as usual extended upwards, with a large circumscribed tumor: about the end of the fourth month, she actually thought that she felt the child; although the sequel will prove, that it was most probably a *flatus* in her bowels, which had been mistaken for the motions of the *fœtus*. In the morning of the third of JANUARY, I was desired to call on her; she complained to me of some slight *erratic* pains in the
region

region of the *uterus*, and of a small *sanguineous* discharge from the *vagina*, with now and then shooting pains in her back: on examination, the *os tincæ* eluded the touch. I enjoined her to a recumbent posture, administered an opiate, and left her for the present; but, in consequence of an increase of the pains, was again sent for in the evening of the next day: the *os tincæ* was high up at the brim of the *pelvis*, and dilated to about the breadth of a six-pence. I repeated the anodyne, prescribed rest, and ordered an emollient clyster, of half a pint of milk and water, and four table spoonsful of sweet oil; she became easier, the flux lessened, and except now and then a trifling pain, went on tolerably well till the night of the 7th, when the discharge and pain suddenly increased, and before I could reach her, she was delivered of a *large fibrous compact substance*, weighing upwards of *three pounds*, and soon afterwards became entirely free from pain: upon examining this uncommon mass, I found it had no cavity in its centre, but appeared to be solely the *accre-*

tion of the *fibrous* parts of the blood, condensed into a smooth *oblong figure*; by the compression of the womb: the patient had a draining from the parts for some days, attended with an *ephemera*; but, by proper care, got up again at the end of the month, has since been delivered at her full time, of a fine hearty child, and remains in good health. A similar instance happened in JULY, 1781, the wife of a day labourer, after the *menfes* had been suppressed near five months, and she had experienced every symptom of the first class in pregnancy, was seized with a *uterine hæmorrhage* and pains, and delivered of a large *misshapen mass* of a *membranous* texture; which came away spontaneously: and I was very sorry, that my avocations at that time, prevented my utterly examining into its contents. — MAURICEAU, after giving his opinion of *false conceptions* and *moles*, affirms, that the latter are nourished in the womb, to which they almost ever adhere, and are sustained by the blood with which it is always furnished, just as plants are by the moisture of the earth :

earth: sometimes, he says, there is a child, together with a *mole*, from which it is often divided, and sometimes cleaving to its body, which puts it in great danger of its being mis-shapen or monstrous, because of the compression which this strange body causeth to the infant, yet very tender. In the year 1665, he tells us, that being at Mr. BOURDELOT's, Doctor in Physick, of the Faculty of PARIS; where, every MONDAY, were held academical conferences: as they fell upon the discourse of the circulation of the blood, which he explained according to his opinion; they brought an infant of a woman, newly delivered at her full time, which wanted all the *upper-part* of the *head*; having, no *scull*, no *brain*, no, nor an *hairy scalp*; but had only, in lieu of all those parts, a *mole*, or *fleshy mass*, flat and red, of the thickness and bigness of an *after-burthen*, covered with a *simple membrane*, strong enough: this infant had, however, all the other parts of the body, fat and well-composed, and shaped: this monstrous disposition was the

cause of its death as soon as born; and yet it was very wonderful and astonishing, to consider how it could live so without brain; as also very difficult to understand, how this *fleshy mass* could serve instead of it, whilst it was in the mother's belly; it was interwoven with many vessels like the fleshy part of the *placenta*, yet of a more firm substance. A woman, he says, having a *mole*, hath a much worse colour, and is every way more inconvenienced than one with child; and if she keeps it long, she lives all this while in danger of her life: he adds, that some women have them two or three years, and sometimes all the rest of their lives: an instance of which happened in a pewterer's wife, of whom AMBROSE PARRE makes mention in his book of Generation, who had one *seventeen years*, and at last died of it.—DIONIS, in his chapter on this subject, says, that clods of the last part of the *menstrual* blood adhering to the sides of the womb, and brought off by the first return of that flux, are often taken for *moles* or lumps of flesh; and relates an instance of a woman, who
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passed such little bodies regularly every month : and when the most skilful surgeons were consulted, they found them to be nothing but *coagulated blood* ; and were fully convinced of it afterwards, when they found them voided with her courses, although for a considerable time she had not had the least communion with her husband : from which he judiciously infers, *how charitably we ought to judge, should these appearances occur to women in the single state.* — CHAPMAN gives us the case of a woman, who supposed herself to be three months gone with child, and was taken with a flooding ; when he came to her, he found the *os tinæ* so far opened, as to allow of two fingers, and a substance pressing down ; especially, in her pains, which were of no great force : he soon introduced a third finger, and by degrees, so far dilated the mouth of the womb, as to pass all his fingers behind the substance, so as to command it ; and taking the advantage of a pain, which was now stronger from the *stimulus*, occasioned by the irritation of his fingers, he found it to be a firm *fleshy* substance, and so hap-

pily rid her of a *false conception*.—To the same respectable Author we are indebted for the case of a miscarriage, through a *scirrhus* in the womb; which he has given us as follows. On the 17th of OCTOBER, 1725, being called to a poor woman, in order to deliver her of a second child; the midwife told him, that she had taken away *one abortive infant two* days before, of about six or seven inches in length; but that she had left the *after-birth*, till the second child should be born; the head of which, she said, lay then in the passage; but was much larger than that of the *fœtus* she had already taken away: he found the mouth of the womb large enough to receive three fingers, with which he easily drew away the *placenta*, that was left in the *uterus*: the womb he thought felt very thick and hard, and the cavity of it seemed to be close filled up with the *cake*. By feeling, or rather compressing her body on the outside, he found a large hard substance; he then put two fingers into the *anus*, and his thumb into the *vagina*, and thus grasped something in form not unlike
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the head and neck of a child; he declared, that nothing remained in the womb; but what to make of this hard and solid tumor, unless it were a *scirrhus*, he could not well tell. The woman had not long before been ill of a *consumptive* disorder, and being now much weakened and exhausted by her miscarriage (in which she had lost a great quantity of blood) and two days being spent with torment, in waiting for another child, she was at length brought so low, that she expired in about three days afterwards; when being allowed to inspect the *corpse*, he found this *hard substance*, as he had before suspected to be a true * *scirrhus* of the womb in the form already described, and weighing (as near as he could guess) four or five pounds.—Dr PUGH says, he has seen several cases of *false conceptions* and *moles*, which proved fatal; and which he imputes to some disease in the womb itself, or its glands, as a *scirrhus cancer*, or such like; because, they

* Dr. EXTON has given us a case in many respects similar to the above.

chiefly

chiefly happen to women between forty and fifty years of age, or upwards: at which time of life, he observes, every practitioner must be sensible, that the natural purgations are then going off, and more likely to subject the woman to such disorders.—Dr. OULD, after having given his opinion concerning a *mole* and *false conception*, and the management necessary in these cases, favours us with the following History of a woman, whom he delivered of a *false conception*: In APRIL, 1740, he was sent for by an Ironmonger, whose wife was in labour; for which purpose he was retained four months before; from which time he frequently visited her, and always found her tolerably well; and as it was her first child, asked her if its motion was strong and lively; to which she answered, that she was no judge of that particular, but that she constantly felt it stir: he found her pains come on but very slow, and a small appearance of blood at every period; having not the least relaxation of *vagina* or *os tincæ*, he left her for the space of three hours, in which time he delivered
another

another woman: on his return, her pains were much increased, but there was not the least dilatation: in short, every circumstance contributed to make him imagine that it would turn out such a labour, as he had met with where the *sternum* presented; with this remarkable difference, that whenever he touched this orifice, though never so slightly, she roared extravagantly, complaining of a most extraordinary pain which it caused in her back, which really hindered him from giving her such assistance as was necessary; for her friends thought he did something cruel at every examination. Matters went on thus for twelve hours; at the end of which time he gave her a quieting draught, which composed her for an hour and a half, and entirely removed that terrible complaint when the orifice was touched; wherefore he proceeded with all convenient speed to dilate the parts: upon the first entrance of his finger, he was much surprized to feel nothing but a *soft fleshy substance*; he knew it was not the *placenta*, as the discharge of blood was very inconsiderable; and it was reasonable to imagine, if there was any

extra-

extraneous blood contained in the womb with the child, that it would not come foremost if the infant were alive; wherefore he asked how long it was since she felt it stir, and was answered, within the space of an hour, which put it beyond all doubt, as he thought, there was a child: however, his first business was to bring away what offered; which he attempted, but could not, by reason of its size, till he had divided it into three parts, by breaking it with his hand: when they were extracted, he was more than ever surprized to find the womb was quite empty. Our author concludes this case, with observing, how little the mother's account is to be depended on in matters of this kind: and, that it gives another instance of the orifice not dilating, notwithstanding the mother's efforts. — In PORTAL we meet with the delivery of a woman of a *mola*. — He was called the 16th of FEBRUARY, 1671, to a Baker's wife, afflicted with a violent flux of blood; after he had brought his fingers into the inward orifice of the womb, he felt a *membranous* substance, of the bigness of a bowl,

bowl, which he judged to be a *mola*, or *false conception*, he made use of his fingers to separate it from the mother, and to bring it out in pieces, which he did by degrees; and the whole being got out, the flux ceased. Vide LA MOTTE, Obs. 12. & 16.—ASTRUC distinguishes *moles* into three species, expatiating very largely upon the subject, and recommends LEVRET's crooked forceps for the extraction of the *moles*, as a means effectual to the purpose, without making incisions into them, unless they are very large.—RUYSCH says, that not only a *placenta* retained in the *uterus* for some time after the exclusion of an embryo may resemble a *mola*; but also *congealed blood* lodged in the cavity of the *uterus*, which had been frequently brought him by midwives, sometimes for a *mola*, and sometimes for a *placenta*; this congealed blood being much indurated by the compressure of the *uterus*; he sometimes found it so compact, as to resemble flesh, and frequently observed, a sort of membranes, in a manner appended like those which we see swimming in the water after bleeding in the foot:
when

when these and such-like bodies were brought to him, he says, he made the following enquiries: first, whether there were any footsteps of a *funiculus umbilicalis*, or navel string, which had been broke off: and secondly, whether or no there were any blood vessels distributed through the mass; without which, he observes, they could not be termed, *retained placentulæ*: in which, if there are blood vessels, they generally contain no blood, so that they seem more like fibres than blood vessels. The same author speaking of *pseudomolæ*, or *spurious mola's*, from small *placenta's* remaining in the *uterus* after the exclusion of the *fætus*, tells us, that many and great inconveniencies happen to lying-in women, when the *secundines* or *after-burthen* do not follow the preceding *mature fætus*. Hence, he says, some women fall into a profuse and irregular *fluor uterinus*, which returns at intervals from the same cause, not without excruciating pains. In others, the *abdomen* is distended to a great bulk, with a difficulty of respiration, an œdematous swelling of the legs, sickness at the stomach,

stomach, or loathing of the food; with anxieties of the *præcordia*, fainting fits, and paleness of the face; and not unfrequently death itself puts a period to these miseries; whence the disorder appears to be very dangerous, and of the last consequence; but not mortal in itself, as some of the less skilful midwives would have us believe. Very often, he adds, the *placenta* remains in the *uterus* for above the space of *ten months* after the *fœtus* has been excluded: and it is almost as incredible, as surprizing, what a variety of changes, or transmutations, if he may, he says, so speak, the *preternaturally retained placenta* undergoes. Sometimes the *placenta* degenerates into *hydatids* or vesicles, hanging as it were like footstalks, and with a watery humour; sometimes the *retained placenta* is at length brought forth, and esteemed by others for a *mola*; betwixt which there is a near resemblance, both in hardness, consistence, form and fleshy substance conformable to the description of a *mola*; so that it is no wonder if the *placenta* should be taken for *molæ*, by those who have no opportunity of
often

often seeing those *placenta's* which have been retained. If the *placenta's*, continues our author, of *fætus's*, two, three, or four months old, are retained longer than they ought to be in the *uterus*, they are not so much dangerous as apt to produce alterations in the patient; but if the *placenta* of a *mature fætus*, or of one that is seven or eight months old be retained, there is more danger, because frequently the whole *placenta* degenerates into *hydatides*; the number of which is sometimes so great, as to extend the *abdomen* to such a degree, that the woman seems to be with child. I remember myself, says our author, to have twice seen a large plate full of such *hydatides* discharged from those who have retained part of the *placenta* in the *uterus*, for some months after they have been delivered: and have observed before, that the *placenta's* of *abortives*, two, three, or four months old, become of so compact a substance, and acquire such a form, that they may be well taken for *mole* by the unskillful; provided they stay in the *uterus* longer than they ought, or for many days; for the humours being expelled, together
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with the *fœtus*, the *placenta* is contracted and pressed together by the *uterus* into this or that form, so as to resemble either a *mole*, a frog, or some other kind of body; whence the over-credulous women, who are too much addicted to tell stories, and magnify trifles, give out to their acquaintance that they have met with living *molæ*, capable of flying, &c. and what is more, they admonish the rest of their companions who are present at the birth, to take care of these *molæ*, that they do not creep under their cloaths, and insinuate themselves into their bodies. But rejecting these trifles of old women, he thinks it worthy of observation, that if these *placentulæ* are retained a week, or longer, in the *uterus*, after the *fœtus* has been delivered, they are so compressed by the contraction of the womb, that they become not only more compact and solid than the muscular flesh, but are, by that means, moulded into the form and magnitude of the internal cavity of the *uterus*; e. g. a certain woman, who had gone eleven weeks with child, miscarried by a violent passion of mind, the *pla-*

centa still remaining some weeks in the womb; by the contraction of which in returning to its former magnitude, the *placenta* was so much indurated and disfigured before it was discharged, that if one had not carefully examined its substance, it would readily have been believed to have been a *mola*.—Another woman, in the fifth month of her pregnancy, brought forth an immature *fœtus*, which was followed with the *secundines*, entirely well-conditioned; but after these were come to light, there followed a *fleshy mass*, in form and magnitude, resembling the natural *uterus*: upon making a strict examination into this last by incision, he found it to be likewise a deformed *placenta*, more compact than usual; but how long this second *placenta* had continued in the womb, he observes, is hard to say, whether or no, the woman might have had *twins*, and one of the *fœtus*'s being destroyed, or dropt without her knowledge, its *placenta* might have continued; or, whether or no, she was with child before this last impregnation; and having excluded the *embryo* retained the *placenta*, as many times happens; all

all this is what we have no opportunity here to determine: at least, there is no room to doubt, that after the exclusion of the *fœtus* in these cases, the *placenta* being retained some weeks in the *uterus*, contracting to its former dimensions, therefore receives the figure and dimensions of its internal cavity; but if one of the forementioned *placentulæ* be retained for a few days only, it becomes more compact and irregularly figured; so as to represent sometimes a *frog*, sometimes a *mole*, &c. according to people's imagination.— And farther concerning the origin and nature of *moles*, our author speaks as follows: A *mola* is said to be a shapeless mass of flesh, destitute of bones, and generated from a false or imperfect conception; but if this be true, it may seem wonderful, that such sort of *moles* should be discharged from single young women; or, at least, from such as have not lain under the least suspicion: and likewise old women have been observed to void such *masses* or *molæ* as those before-mentioned.—It frequently happens, he says, that in abortions, after the *fœtus* is excluded, the

placenta remains behind, not only for weeks, but even for months; and by the pressure or contraction of the *uterus*, is not only formed agreeable to the cavity of that *viscus*, but is also frequently so much indurated, that in the compactness of its substance it much exceeds flesh, and may be taken for a *mola*. For above these twenty years past, says our author, it has been enacted by the Sheriffs and Aldermen of this city, that to prevent further misfortunes in MIDWIFERY, of which there are many great complaints; that the College of Physicians, and myself, should examine all the midwives admitted to practise within the city of AMSTERDAM, the number of whom was very great: I asked almost every one of them what they have observed concerning *molæ*; but none of them could give us any account, farther, than that they were firm fleshy bodies, which they had known to be excluded from the *uterus*; but never living, as some imagined: sometimes *sarcomata*, or fleshy excrescences, are expelled from the *uterus*, which are mistaken for *molæ*; for thus I call them, says our author, because I never could find any

any thing in them but flesh: and such excrescences as these I have observed adhering to the *uterus* itself by a footstalk, when women have been in labour; but at these we need not be at all surprized, since such like bodies grow out even from the stomach and bladder, according to his observation. It is therefore highly probable, that the *molæ* so often talked of above, are nothing more than fleshy excrescences of the *uterus*, like those before-mentioned, or else *placentæ* retained in the *uterus*, and therefore compressed, as has been before observed; but do not at all arise from a bad conception: thus far RUYSCH.—DIONIS highly reprobates and condemns all those potions and fops made use of by midwives, to procure the expulsion of *false conceptions*; and those who are desirous of more on this subject, may consult — The Observations of HILDANUS, ROONHUYSE, GUILLEMEAU, lib. de Gravidit. cap. 4. KIRKINGIUS SIGISMUNDA, apud CONNOR in Diss. Med. Physic. de humani Uteri Sarcomata, page 57. SAVIARD, Obs. 36. BONETUS Sepulchret. lib. 3. Sect. 37. FORESTUS de Morbis Mulierum, lib. 28. HEISTER, SMELLIE, BURTON, &c.

C A S E C I.

J. P.'s Wife, of LEYBOURNE, near this town, being at the full period of gestation, was taken in labour the nineteenth of JUNE, 1768; she had no appearances to suspect her going with *twins*; but from the unevenness of her belly, and unusual stirrings and motions internally, she was inclined to believe that the child presented wrong; and had so deeply imbibed this presumption, that it was difficult to persuade her to the contrary; her pains were very slow, and lasted but a little while. I found the *os tinæ* in a dilating state, the child rightly situated, and the waters beginning to gather; the pains kept growing stronger and stronger; the hind part of the head of the child gradually emerged from under the arch of the *pubes*, and was very soon delivered: though the child was very small, I did not at first suspect another; but the recurrence of regular labour pains, and
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the *funis* continuing to bleed a longer time than usual; together with the retention of the *placenta*, were concurrent circumstances to enforce such belief: upon placing my hand on the patient's belly, I found the space between the stomach and navel, as large as if she had not been delivered; and then by passing a finger into the *os uteri*, plainly discovered another set of *membranes*, and something like the *nates* presenting thro' them; I therefore made a ligature on the *umbilical chord* next the mother, and a proper compression upon the *abdomen* by means of a large napkin, the pains returned regularly, and the *nates* descended to the *os externum*: I carefully attended to the proper turns, and the second child was soon delivered. After waiting more than half an hour for the separation of the *placenta*, and an incipient *hæmorrhage* appearing, I gently passed my hand into the *uterus*, and with some difficulty disengaged, and delivered a prodigious *placenta*, which appeared common to both children; no troublesome complaint whatever ensued, and the woman did very well in the usual time.

CASE

C A S E CII.

IN the night of the third of SEPTEMBER, 1772, I was sent for in great haste to the assistance of a gipsy woman, who was in labour in a barn, about two miles distant from this town; she was a strong healthy woman, and had borne three children; with all of whom, she informed me, she had been delivered by herself, without any kind of assistance, had always had easy labours, and soon got well; but, that she had now exceeded her reckoning by more than a month, and had never before been so big; wherefore she had entertained the opinion of her having *Twins*: the force of labour was very great, the child presented right, and was soon expelled by the natural efforts; a fresh set of *membranes* were almost instantaneously forced down,

down, and I easily felt the feet of another child through them. The patient having received some nourishment, I ruptured the *membranes*, secured the feet, brought them into the passage, and managed the delivery according to the presentation: after waiting near an hour for the expulsion of the *placenta*, I cautiously moved each chord gently from side to side, and then by pulling at them both at the same time, and the patient assisting me by bearing down as much as possible, the *placentæ*, in one continuous mass, was brought down to the mouth of the womb, where I found some resistance from the contraction of the orifice; but having got pretty firm hold, soon extracted them entire, and found them strongly connected to each other, as in the former case, with the *chorion* common to both; which, in LEVRET'S opinion, is frequently, if not always the case. The woman was so well on the sixth day, that I met her walking in the high road, with one child at her breast, and the other tied to her back. In about a fortnight after this one of the children died, and she brought the other to me, that I might

might look at its eyes, as she said something covered them like a skin, and the child had not seen since it was born: upon examination, I discovered a very thin filmy coat, which occupied the whole space of the *tunica conjunctiva*, and entirely covered the pupils of both eyes. This preternatural substance I easily removed, by passing under it a small curved needle, and a ligature, which, when gently pulled forward, I was able to separate with the points of a pair of small straight scissors, and without any further pain or trouble to the infant, than its being properly confined for the operation: beneath this filmy coat, the globes of both eyes appeared clear and transparent: and, I presume, that the operation fully answered the design, as I neither saw or heard any thing of the matter afterwards. And here, I shall beg permission, to introduce what has been said by the learned HALLER; who, after many reiterated experiments on the eyes of various *fætuses*, gives us his ingenious observations on a newly discovered membrane which closes the pupils of the eye in
a fætus:

a *fœtus*: and says, that he cannot see why this *pupillary* web should not be ranked amongst the constant *organical* and *vascular* membranes of the *fœtus*; but in the adult it wastes away: for there are not, as doubtless there ought not to be, the least remains of it to obstruct the entry of the rays of light into the *cornea*: further experiments on Infants, our author remarks, may, in time, inform us at what age this *membrane* disappears; but he suspects it may remain sometimes before it is fully discovered. The *fœtus*, he observes, cannot see, as it would be altogether needless; neither are the eyes of infants at once properly disposed to receive the luminous rays, but by degrees; it is therefore probable, that this *membrane* bursts asunder at first, and through its suppleness is dissolved in the *aqueous* humour, where its vessels finally give way, and so it comes to disappear entirely. New-born infants can see nothing. And, he represents it as his opinion, that it is some weeks before the approach of a candle, or the offer of some injury can make them wink; the reason of this
phæ-

phænomenon, says this writer, has been enquired into. Monsieur PETIT ascribes it to the thickness and wrinkles of the *cornea*. Vide *Memoires de l'Academ. des Sciences*, vol. 5, p. 727. But in men, and more particularly in dogs, the *cornea* is transparent; and in the *fœtus*'s, which were the subjects of this enquiry, the vessels of the *iris* were easily discerned through it; whence it should appear, that such a cause can produce no great obstacle to the rays, therefore we are to see for some other. The eyes of new-whelped puppies are perfectly transparent, but their eye-lids are shut and glued together, and this is the cause of their blindness; for certain it is, that they are destitute of any *pupillary* membrane; but in man, and even in the *fœtus*, the eye-lids simply approach each other, without any thing that in reason can obstruct vision, unless it be the reddish tinge of the *aqueous* liquor and our *pupillary* membrane; because, in the first, the *cornea*, tho' thick, does not intercept the rays*: and Monsieur

* Mons. PETIT represents the *Cornea* as cloudy, and the *Chrystalline* as opaque; but our Author asserts to have found both of them perfectly transparent.

PETIT himself acknowledges, that he has seen very transparent *cornea's*; the red tinge of the *cornea* is common to all the other liquors of the *fœtus*, which exhale those of the *amnios*, the *peritonæum*, the *pericardium*, and the *tunica vaginalis*: and also, that which is distributed all throughout the whole *cellular* membrane; and often produces, says our author, *anasarcas* in the head of *fœtus's*, are all of them constantly reddish; so that their canals of exhalation, must needs be, during this period, pretty wide; which afterwards close, as the vessels become harder and more contracted.

C A S E CIII.

THE subject of the following article, was a woman, of SWANSCOMBE, in this county, aged twenty-five; so remarkably healthy from her infancy, that she had hitherto scarcely experienced any disorder. The Gentleman who had been retained for her delivery, informed me, that in the beginning of her pregnancy she was afflicted with pains in her stomach, attended with frequent vomitings, which continued till after the fifth month; when her complexion, which used to be florid, became pale and sickly, and the whole habit was soon afterwards *leucophlegmatic* and *anasarcous*; the swellings of her legs, thighs, arms, neck, and face, were so great, that it was with difficulty she could rise from the bed; she complained of oppression in the lungs, and

and great uneasiness or fullness in the *pelvis*; the labour began very untowardly in the morning of the 9th of DECEMBER, 1764, and continued lingering all that day, and till noon of the next; the presentation was right, the *vertex* being perceptible to the touch; but notwithstanding a series of the most severe pains for eight hours together, when they slackened, and went entirely off, the head remained so long at the *os vaginæ*, that he was at length resolved to assist with the forceps, which he introduced and fixed, without much difficulty, as she laid on her left side: as the labour pains had entirely ceased, he acted with the forceps gently, and by intervals, in imitation of them; the head of the child began to extend the external orifice: he supported the *perinæum* with his left hand, brought the head through the *os externum*, removed the forceps, and finished the delivery of the child, which was born alive; the child was very small, and not in the least marked or bruised with the forceps: after waiting a proper time, the *placenta* remaining fixed and immoveable, he passed his

hand

hand externally upon the *abdomen* of the patient, which he found hard and prominent, and by the touch internally soon discovered the membranes of another child, distended with the waters, and presenting at the brim of the *pélvis*: he made a ligature upon the end of the *funis* next the mother, supported her with proper nourishment, and after waiting a reasonable time, and the pains not recurring, he passed his hand up, ruptured the membranes, and finding the feet, presently delivered the child as in preternatural cases: after the delivery of the first child, he did not neglect the precaution to compress the patient's belly with a napkin, to prevent her fainting, from the inanition of the *uterus*; and after that of the second, he directed the compression to be made tighter. It was more than an hour, he says, before he could effect the delivery of the *placentæ*, which were joined together in one *large bulky* mass; nor did he accomplish this business at last without the assistance of the blunt hook. The first child lived three weeks, but the second died soon after it was born, and the

the woman was down stairs at the termination of the month, and as free from the *anasarca*, as if she had never sustained any such complaint. She went to live in ESSEX; where, as this Gentleman was informed, she had afterwards *twins* twice at a birth; and during the periods of gestation with them, had no *dropfical swelling* whatever; nor could he hear that any other extraordinary circumstance attended her then, or at the births of the children. Dr. WATTS, in his *Reflections on Slow and Painful Labours*, observes, that *Dropfies*, during pregnancy, seldom proceed to a greater height than the *anasarca*, thinks the milder purgatives may be used with safety; and recommends *vesicatories* to the legs as remarkably effectual.

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CASE

C A S E CIV.

ON the first of JANUARY, 1780, I was sent for to Mrs. T. of B——, a few miles from hence: upon examination, I found the internal orifice in an extenuating state, the membranes were filled with water, and formed a tumour, turgid in the time of a pain, and flaccid in the interval; but I was not able to perceive either the head, or any part, through the membranes; the pains were slow, and I suspected the case would be attended with some kind of embarrassment: it was a first pregnancy, and the patient was remarkably big and unwieldly; had, at times, been very uneasy, and full of pains, and, as the neighbours told me, had increased in size sooner than common: and she said, that she had often felt motions in different parts of the
abdo-

abdomen: after waiting with her some hours, without any addition of pains, she suddenly complained of being very wet: and upon proper enquiry, I was amazed to find in the passage the presentation of *two hands*; which, by the direction of the thumbs and palms, I found to be both *right hands*, and accordingly determined them to belong to two different children: therefore, that which approximated nearest in the brim of the *pelvis*, became my first object. As she had had no stool for the last twelve hours, I prescribed her an emollient clyster: soon after the operation of which, the patient being placed in a suitable position, I passed my hand, and directed my fingers along the back of the first *fatus*, till I found one foot; the extremity of which I traced to the trunk, and by that means was able to trace the other back again to the second foot: this I did in the most cautious and gentle manner, and presuming that I was now in possession of the feet of the *fatus*, which I had went in search of, I brought them carefully down; observing, as much as was in my power, to pre-

vent any part of the other *fœtus* from obtruding itself into the *pelvis*, so as to impede the work which I had begun; and the better to effect this purpose, I made a noose with a strong garter, mounted it upon the points of the fingers of one hand, contracted into a conical form, and introduced it in such a manner, that by being drawn tight with my other hand, I was able to fix it above the ancles; and being at intervals assisted by the contraction of the *uterus*, in about twenty minutes I safely accomplished the delivery of the first child; the *placenta* of which separated, and came away spontaneously, in five minutes after the birth; an unlucky occurrence, which was almost immediately followed by a copious flooding; the patient soon sunk under it, and I was really afraid would have expired before the delivery of the second child, which I found low down in the *pelvis*, presenting with its right hand and foot; the woman being in a fainting fit, and the resistance of the parts in a great measure lost, I passed by the hand, recovered the unrepresenting foot, joined it to that in the passage,

sage, brought them down together, and delivered the child according to the rules heretofore observed in such cases, taking care that a proper compression was made on the *abdomen*, to prevent the consequences which might otherwise have ensued, from too suddenly emptying the *uterus*, which had long sustained so considerable a distension: both the children were strong and hearty, and not so small as twins usually are; the remaining *placenta*, on account of the perilous situation of the mother, I thought it right to extract with all possible expedition, which was soon effected; the *hæmorrhage* stopped, the patient came to her senses, and had no return of the flux; yet having lost more blood than her constitution could well bear, she a long time continued faint and weak, and did not thoroughly recover her strength for some months. The bad consequences which ensued upon the expulsion of the first *placenta*, evinces the degree of caution, which should invariably be made use of in our endeavours to extract it after the birth of the child, and more particularly so in cases of *Twins*.

C A S E C V.

I N the forenoon of the 29th of SEPTEMBER, 1781, I was sent for to a Butcher's Wife at WROTHAM, whose labour had begun the preceding evening; when the midwife, who usually attended her, had been called in to her assistance, she informed me, that the pains had returned very regularly, from the time she was taken, till about six o'clock in the morning, when the waters broke, and she discovered that the child came wrong; by finding one of its feet in the passage, without attempting any thing, she had waited the return of the pains, to see if the child would advance in that situation; but in a little while, perceiving that the string *prolapsed* and protruded farther and farther before it, at every pain, she desired that other assistance might be sought for: in the mean time, she contented herself

self with endeavouring to push up the string, and replace it, but could not succeed in her attempts: upon examination, I found one foot, one hand, and the *funis*, considerably *prolapsed*, and hanging down some inches before them, quite out of the *os externum*; it was cold, and without the least pulsation: and, as the *meconium* continued to be discharged in large quantities, I entertained not the least doubt of the child's death: however, I did not immediately give my opinion, nor attempt to deliver the patient; as the midwife stood charged with accusations of neglect and want of skill, I thought it but right to exculpate her from such charges to the utmost of my power: a second examination confirmed my first opinion relative to the child's death, and determined me upon immediate delivery. From the History I had gathered of her former deliveries, there was no doubt to be made of a well-formed *pelvis*; the *os internum* was fully dilated, and as she laid on her left side, I introduced my hand, properly lubricated, with a view to dispossess the hand which offered, of its present situation, by pushing it up, and passing by

it in search of the other foot; but soon after the introduction of my hand, perceiving the action of the *uterus* coming on, I laid my hand, which was before in a conical form, as flat as possible, lest any part of the *uterus* should be injured by my knuckles, and did not proceed till it was over: I then renewed my attempt, and not without some difficulty, the *uterus* being contracted in a longitudinal form, could but just reach the knee belonging to the other foot: I therefore thought it most expedient to bend the knee cautiously, and thus bring down the leg and foot together: after which I was able to secure both the feet together, and proceed in the delivery, not altering the patient's posture, till the child was advanced to the hips; when I found it expedient that she should lie on her back, that I might with more ease turn the belly of the child to the back of the mother: this being effected, I proceeded in the business until the head descended, and entered into the *os externum*; when I inclined the body of the child to the belly of its mother, carefully guarded the *perinaeum*, and proceeding slowly,

accom-

accomplished the birth; the *placenta* separated soon and very easily, and I happily left the woman in a very good way. Were I to make a reflexion upon this case, I should not in the least hesitate to suppose, that this child was entirely lost by delay, and would in all human probability have been saved, had any experienced practitioner been at hand when the membranes first broke; yet I find no cause, in the least, for censuring the midwife, whose province it was to act as she did; and she deserved more commendation for referring the business to a MAN-MIDWIFE, than by hazarding her own character on a process which she did not understand. A case somewhat similar to the foregoing, occurred to me early in the morning of the first of MARCH last, with this difference only, that I was luckily present at the breaking of the membranes, when the *funis* suddenly *prolapsed* into the *vagina*, and presented with the left hand and foot; whereupon I accomplished the delivery with all convenient expedition, without the least injury to either the mother or child, who both did well.

CASE

CASE CVI.

Mr. ——— a Gentleman of abilities in his profession, has informed me, that in the month of SEPTEMBER, 1777, he was sent for to a patient, who had always been subject to *spasmodic* affections of the nervous system, but more particularly so during her pregnancy; he had relaxed the spasms by venesection; strengthening the nervous system by tonics, and by warm hysteric medicines: although she had miscarried twice before, she was now brought to her full period of gestation, and was in labour; she complained of sickness, horripilation, frequent micturition, pains of the back and loins; the membranes were propelled in the form of a soft fluctuating bag: after some hours they broke, and the *fœtus* descended, and was delivered by the natural efforts;

forts: after a moderate respite from pain, the *uterus* renewed its contractions, and the *secundines* were delivered, seemingly whole and entire; but the woman continued hot and restless, and in pain, upon which he gave her the *saline draughts*, with *elixir paretoricum*; notwithstanding which she had a sleepless night, and early the next morning, after a very sharp pain, was delivered of a *fetus*, which was perfectly well shaped, about two inches in length, of the female sex, and which he preserved in spirits. The patient now grew easier, had some refreshing rest, and recovered her strength in the usual time. He enquired very particularly concerning the state she was in about the third and fourth month; but could not discover any one cause or circumstance, to which, except the hysteric complaints before spoke of, he could attribute this singular phenomenon.

C A S E C V I I .

THE same Gentleman also informs me, that an ingenious Surgeon of his acquaintance, in SUSSEX, was sent for to a healthful woman, in AUGUST, 1775, who had four days before been delivered of a child by a midwife: it was her first labour, and as there was no recurrence of pains after the delivery, there was not the least suspicion of any thing being left in the *uterus*; but she was suddenly seized with a flooding, and fainted away: upon coming to her, he examined and found a substance filling up the passage, which, with the help of his fingers, as it was pretty low down, he soon delivered: and upon examination, found it a small *fœtus* in its bag, and with the membranes entire; he weighed it altogether, and found it four ounces and a half troy weight:
upon

upon taking the *fetus* out of the bag, it appeared pretty well formed, of a white pellucid colour, and its eyes, nose, mouth, ears, limbs, fingers, toes, and privities, all distinct; it was a female: and upon enquiry, he found that the woman had received a fall down stairs about the end of the fourth month; by which she had very much bruised the right side of the *abdomen*; but had lost blood from her arm, and soon recovered from the accident; he did not preserve the *secundines*, but the *fetus* he put in spirits, and gave it to my friend, who was so obliging as to present it to me, and I have it now by me. The ingenious Author of Letters on the Force of Imagination in pregnant women, tells us of a woman, who was happily brought to-bed of a well-shaped child; and was, at the same time, delivered of a little *embrio*, extremely flattened, and of no more than two thumbs length; its flesh appeared like a membrane; but the head, the body, and the extremities, could be easily distinguished.

C A S E CVIII.

I AM also indebted to the friendly information of the before-mentioned acquaintance, for a case, which occurred to him upon the 29th of August, 1780; the patient had a slow and tedious, but safe delivery of the child; and upon his proceeding to tie the *funis* as usual, he perceived it to be double, he therefore made a ligature upon both the chords, and divided them with the scissars; the *placenta* followed in proper time, and he preserved it with both its chords as a great curiosity. In his *Obf. Rar. Cent. prior. Obf. 75. Schol. p. 332. ex Ephemer. German.* CORNELIUS STALPART VANDER WIEL relates the case of a child which had *two navel strings*, and two *placenta's*: and SCHURIGIUS, in his *Embrymolog. p. 96.* tells us of a child, that was born in 1708. “ Ex cu-
“ jus

“jus unico umbilico duæ cordæ umbilicalis cum
 “duplici infertione in placentam prodierunt.”
 And STALPERT says, “De Geminis, quorum
 “singuli quidem utebantur umbilicali funiculo,
 “& tertio insuper comuni erant donati.” These
 are very rare instances indeed, one *funis umbili-*
calis being common to one child; and many of
 the oldest practitioners in MIDWIFERY, have neither
 seen or met with an instance to the contrary; yet,
 that such instances do sometimes happen, we
 know from the most indubitable authority.

CASE

C A S E C I X.

I HAVE been told by a Surgeon in Oxfordshire, of long experience in MIDWIFERY, that in JUNE, 1766, a poor woman, at a village, near the town, where he resided, had, without any evident cause, for several weeks, a slight flooding; sometimes for a day or two together, she found little or nothing of it, and then it returned again; but never in so profuse a manner, as to make her faint: at length her labour came on, and she sent for a midwife, who was extremely ignorant, and finding the *placenta* in the mouth of the womb, concluded it to be some part of the child; which she roughly laid hold of, pulled forward, and entirely separated both that and the *secundines* from the womb, and at the same time tore away the string, and broke it, as it appeared.

peared afterwards close to the belly of the child; the woman did not flood so much as might have been expected from the alarming situation to which she was reduced; her assistant being embarrassed, and not knowing how to extricate herself from the state to which her temerity had reduced her; the husband of the patient applied to the parish officers for leave to procure a MAN-MIDWIFE; which having obtained, he made what haste he could to the house of this Surgeon, who unluckily happened to be some miles from home at that time: however, the man went after him, found him, and brought him to his wife; five hours were elapsed from the time that the *placenta* had been thus torn away: and although the *hæmorrhage* continued, yet it fortunately had not increased to any very dangerous degree; he found the pulse rather weak; the patient confidently depending on his assistance to save her life; the belly of the child presenting, and the *os tinæ* sufficiently dilated; the labour pains had much abated for the two last hours,

and had now quite ceased: he ordered an emollient clyster to empty the *rectum*; and the situation of the child being sufficiently indicated by the ends of the short ribs and privities, he placed the woman in a proper position, introduced his hand in a small conical form, slipped it along the belly of the *fœtus*, brought down its feet, and safely delivered it in about ten minutes time. The *funis* appeared to have been entirely lacerated, from its insertion into the *abdomen*; but had not bled greatly; he applied dry lint upon the wound, and over that a small compress and flannel roller; the child was rather languid at first, but in a few days recovered, and was quite hearty; and the wound of the navel was perfectly healed in about a fortnight. The escape of the patient, which he had thus providentially rescued from the hands of consummate ignorance, in a case, which is ever one of the most melancholy that can possibly happen in the obstetric line; and which, at all times demands the greatest experience, perspicuity, and care, from motives of humanity, obliged this Gentleman, to take such measures as effectually obviated all
future

future danger, which might occur from the hands of so rash, and un-instructed a woman practitioner. In the foregoing instance, we are furnished with a proof, how far the *fœtus in utero* depends upon its own circulation. Dr. BURTON, after several observations on this subject, from his own experience, and the writings of others, concludes, that if the *navel string* is broke a very little time before birth, even for a day or two, the *fœtus* may continue so long in life without any supplies of nourishment, as well as it does several days after birth; though nothing could pass out of its stomach into its guts, to nourish it: and continues our author, the probability of a child's living in the womb so long without nourishment as I mention, is certainly much greater than that it should continue in life for days, weeks, or months, after the waters have been evacuated, and continued to be constantly discharged; as MAURICEAU, and others have mentioned. Vide, An Essay on the Nutrition of the *fœtus in utero*, by Mr. JOHN GIBSON, Surgeon, at LEITH; and also, the Medical Essays and Observations, vol. i. art. 13.

C A S E CX.

THE twenty-first of APRIL, 1773, a midwife sent for me to assist in the delivery of a Farmer's wife, with whom she had been engaged a long time: it was the woman's first labour; the *os tincae* had opened very slowly, but was now well dilated; the head had entered the brim of the *pelvis*; the *vertex* presented; the membranes had broke three hours before my arrival; after which the pains continued regular and forcible, and patience seemed to be the only sure guide in a case which promised so fairly; and it happened accordingly, that in less than two hours the child was safely delivered, and the *placenta* excluded in a few minutes after; yet the pains continued to recur to as great a degree as ever, which induced me first to examine the *abdomen*, and next the *uterus*,
upon

upon the presumption, that there yet remained another child; but soon perceiving that was not the case, I was at a loss to account for this unusual circumstance, any otherwise than supposing the fresh accessions of pain to be occasioned by *coagula* retained in the *uterus*: I therefore again carefully passed my hand, well lubricated, up the *vagina* to the *os internum*; which, altho' so open, on my first effort of enquiry, as to have easily admitted my two fingers, was now so closely contracted, that I should have found it difficult to have found admittance for one; and finding no absolute occasion for forcible dilatation, I withdrew my hand, and contented myself with giving the patient a pill, with half a grain of *opium*; but this not answering any end at all, and the pains recurring faster, and more severe; I doubled the quantity, and gave four grains in the space of eight hours before it had the desired effect; she at length slept three hours, with now and then a slight interruption of pain; but at the end of that time the pains recurred as violent as ever, and I think, rather quicker and stronger, than they had done at first: upon

which I had again recourse to the *opium*, and at the same time applied fomentations of bran and water in bladders, renewed as often as necessary to the parts affected; by which treatment, after some little time, she was greatly relieved: the pains did not wholly abate, but returned at longer periods, at length went entirely off, and she got pretty well by the end of the month. She was brought to-bed again the 29th of OCTOBER, 1774; the delivery was natural, and the *placenta* soon loosened and came away, but the pains returned, to full, as great a degree, as they had done before; and after some time, were relieved in the same manner, as in the former instance. In DECEMBER, 1775, she was brought to-bed a third time, and was delivered by a midwife; who finding the pains continue very bad, after the child and *placenta* were both delivered, concluded there must be another child, or something, left behind, which should not be; she therefore introduced her hand, with great pain to the woman, into the *uterus*; but finding nothing there to confirm her suspicion, withdrew it: however, by this rough and violent treatment, a flooding was brought on; I was

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consulted, and it had very nearly cost the poor woman her life; she was a great while before she got quite well, and since that time has not again been pregnant. This is not the only case in the course of my profession, where I have seen much danger ensue from similar practices; which, for some particular reasons, I shall at present forbear to recite, and hope every instance of the kind may furnish cautions in future. It is to be observed, that the patient, whose case I have here related, is of a delicate, nervous habit, and was always subject to * painful menstruation; by which her health had been much impaired: hence, we see, that the recurrence of labour pains, are not to be looked upon as an infallible and certain criterion of another child, after the delivery of the first; and, that they should not hastily be imputed to that cause, lest our efforts, in consequence thereof, may prove highly prejudicial to the patient.

* Anodynes are here the plain indications of Cure; and it is a just observation of the late learned Dr. FOTHERGILL, that in this case, they should be given *early*, as it requires much less of an opiate to obviate pain, than to quiet it when acute. Vide Med. Obs. & Enq. vol. 5, p. 184.

C A S E CXI.

BEING called one morning early in JUNE, 1775, the midwife informed me that she had delivered Mrs. E——; that no uncommon circumstance attended the labour, which was natural, and soon over, and that the *placenta* had come away of itself in a few minutes after the birth of the child: but, that the pains had nevertheless continued, and she had found out by the *motions*, which were manifest to the woman, and which she herself had felt by putting her hand upon her belly, *that there was another child*; but upon examining the womb internally, she said, it was, situated so high up, that it was impossible to feel any part of it; but, that *she was certain there was another child*: now this woman, it was plain, had not attended to the usual

usual diminution of the belly; she had, I found, introduced her hand into the womb, and by that means given the woman extreme pain; but, even then, she was not convinced of her mistake; but judging from the *motions* before-mentioned, obstinately persisted in the opinion of there being another child behind. I perceived the child that was born to be as large as single children usually are; the *uterine tumour* was sensibly diminished, and by applying my hand externally on the *abdomen*, felt the *uterus* between the *umbilicus* and *pubes* contracted like a circumscribed ball, of the usual size after a common delivery: I next carefully introduced a finger into the *uterus*, and found it entirely emptied of its contents: and then informed the midwife that her suspicions were groundless, which she seemed reluctantly to believe; but the event proved my determination to be just, and that she had mistaken the *motions* of the *uterus*, generally consequent upon its contraction after delivery, for those of another child; in which belief she had been supported by the imaginations of the mother;

mother: in every case, after delivery, by applying the hand externally, the diminution of the belly, and size of the *uterine tumour*, will always guard us against errors of this nature; and thus a competent knowledge may be formed of the premises by any person but slightly versed in the Practice of MIDWIFERY. I knew a particular instance, where the *uterus* was mistaken for another child; and the efforts made in consequence thereof, were productive of a flooding and a violent fever, from which the woman recovered with much difficulty. — In the Practical Observations of RUYSEN, he says, “Whether or no, the *uterus* in women, who are not with child, has a *motion* upward or downward, as many Authors would have us believe, is a question not necessary for me to decide, being not only studious of brevity, but also desirous to acquaint the Reader with nothing but what comes vouched upon my own experience: but by the way, I must own, that it not a little surprizes me, to see some Authors ascribe so great

great a *motion* to the *uterus*, as that it should be able not only to force the *diaphragm* upward; but, as they believe, to ascend also up to the throat. Others persuade themselves, that the *uterus* ascends to the *præcordia*, as being dry, in order to moisten itself, supposing the liver to be the fountain of radical moisture, to partake of which the *uterus* therefore ascends to the liver: but leaving these trifling conjectures, which are so absurd, as to fall to the ground without any opposition; I can affirm myself, to be more than certain, that the *uterus* moves itself greatly in the time of parturition, and that all the natural throws in the delivery, depend almost entirely upon the *uterus*; and, that these throws, or endeavours, of the *uterus* to contract, do very often continue so violently *after the birth*, that the womb has *inverted* itself, and *prolapsed* out of the body: I have experienced a few hours after the birth in some women, that the *motions* of the *uterus* has been so very evident, that the midwives, and even the woman herself, have often told me, that there was still another *fœtus* remain-

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ing in the womb: in this case, I have applied my hand to the *abdomen*, and perceived such a considerable *motion*, as removed my hand like a *fœtus*; and has even, sometimes, so elevated the *uterus* on one side or the other, as to occasion a round and hard *tumour*, which, any one, not well-experienced, would have taken for the head of an infant: and soon after I have observed the same *motion* on the opposite side; sometimes I have imagined that I have felt the *knee*; sometimes the *cheeks*, &c. as in women big with child, and near the time of their delivery: but after having introduced my hand into the *uterus*, I have found that it was not a *fœtus*, but the womb itself.

C A S E CXII.

A POOR travelling woman, who had been delivered by herself in an out-house, in the parish of ADDINGTON; and who, from some unguarded expressions uttered against the child, should it be born alive, was suspected of *delinquency*; at the request of the parish officers, became the subject of my immediate care and enquiry: it was some hours after her delivery that I first saw her; she was then feverish and light-headed, and talked incoherently of having murdered her child, and hid it; the concealment of the child principally aggravated the circumstances against her: accordingly a search was made, and the child, together with the *funis* and *placenta*, unseparated, were found under some loose straw in one corner of
the

the building: the child appeared to be full-grown, and was a girl; some imperfect marks, as of a string, or cord, appeared round its neck, but were so little indented and discoloured, as to make it hard to say, whether they were absolutely marks of violence or not; and therefore, it was utterly impossible to determine that the child was really strangled: a fate, which it seemed, the mother had been often heard to denounce against it; but notwithstanding some appearances might have led to the belief of its having been born alive, I would by no means undertake to aver that to have been the case: the most extraordinary matter that I could discover was, the *contortion* of the *funis umbilicalis*, which appeared twisted like a jack line, and was almost as hard; the circumference of it did not exceed two-thirds of an inch; and within two inches of its extremity, next the navel, it had a *scirrhus*-like substance, which was very callous, and so large, that I had not the least doubt of its having been sufficient to obstruct the circulation of the blood thro' the *chord*. It was thought proper to employ a Coroner's Inquest on the occasion;

sion ; and the Jury having given in their Verdict, that it was MURDER, the woman, as soon as she was able, was removed to the county jail ; when, the ideas, which I had before conceived of the matter ; together, with her being found in a state of delirium, were fully sufficient on her trial, to procure her an acquittal.—RUYSCH tells us, that amongst the diseases which threaten the *fœtus*, while yet contained in the womb, a *contortion* of the *funis umbilicalis* is of the greatest consequence ; and gives us an instance, of a dead *fœtus*, which was brought away with the *membranes* of the *chorion* and *amnios* entire ; the *umbilical chord* of which he found wonderfully *contorted* in the same manner, as we see in common packthread, after twisting it very well, and then applying the two ends together, one part of the *chord* twisting itself round the other : and endeavours to account for it, by urging the probability, that this disaster proceeded from a more frequent turning round of the *fœtus* in the *uterus* ; and, that this was the cause of its death, by intercepting entirely the circulation of the blood through the *vascular rope*.

CASE

C A S E CXIII.

M. G. a woman, in the 26th year of her age, was delivered of a child on the 21st of November, 1763; she recovered in the usual time; but in a few days after her getting about, was so miserably infested with boils, that she could hardly tell how to stir herself, or on what part to lie; at the same time, the infant of which she had been delivered, remained quite free from any such complaint; by attenuating, and cleansing the blood; by bleeding, alteratives, and purging, in a few weeks time, she was well; and held entirely free from these eruptions, till after her next lying-in, in the beginning of the year, 1765, from which she had not recovered more than a week, before she was again attacked with them, but in a less degree; and they were consequently

frequently carried off easier than before. After the birth of her third child, which was in AUGUST, 1766, she expected a return of the same disorder; and was therefore induced to use some measures to prevent it, but they were not wholly successful; for about six weeks after her delivery, she was attacked with a few small resisting tumours in different parts of the body, attended with inflammation and pain, which were soon brought to suppuration, and cured. About two months after which she applied to me, complaining of a swelling, which she had newly perceived upon the *abdomen*; it was of an oblong form, situated between the *umbilicus* and *pubes*, in size about as big as a pigeon's egg; felt rather soft, and upon pressure slipped backwards and forwards; it was little or no trouble to her, till after the birth of her fourth child; when, upon her getting about again, it became enlarged to the size of a hen's egg, was painful and inflamed; but by bleeding, physic, and an emollient cataplasm, the pain and inflammation were dispersed, and the tumour, although it retained its enlarged size,

was no farther trouble to her; ſhe had no return of the boils after this lying-in; and it is remarkable, that ſince the firſt appearance of this tumour, ſhe has experienced no return of thoſe eruptions. See caſe 123. I am informed by a Gentleman, on whoſe teſtimony I can rely; that he has ſeen ſeveral tumours, ſimilar to that which I have deſcribed, that they were for the moſt part hard to the feel, and irregular in ſhape: he alſo obſerves, that many women are ſubject to them after delivery: and that two, within his own knowledge, have been troubled with them for ſome years, with very little pain or uneaſineſs. RUYSCH ſays, he was for a long time doubtful concerning the nature of thoſe hard and oblong tumours, with which women are frequently troubled in the *abdomen* after delivery, until he had an opportunity of gaining more light into this matter by the diſſection of a certain body, in which he obſerved the *omentum* almoſt two fingers thick, three fingers broad, and a ſpan and a half long, degenerated into a ſubſtance, betwixt fat and fleſh, and in ſome meaſure *ſcirrhouſ*: he tells us,
that

that he frequently handled tumours of this nature, while yet contained in the *abdomen* of living women, after they have been delivered; some of which he observed in a transverse position, and others in an oblique posture; he is of opinion, that in this case, the *omentum* having been compressed by the circumjacent *viscera*, during the time of gestation, that by the pressure and attrition which it receives from the *uterus*, in the same manner as we observe in many other membranous parts of the body, after they have been inflamed even to a slight degree. It is remarkable, says our Author, that these oblong tumours can be frequently handled by the women themselves, in whose bellies they are contained, seeming to them, as if a gut was in the hand: he adds, that he has several times observed women sustain these tumours for many years, often with little or no pain, but not without some inconvenience. In the woman which he opened, as above-mentioned, the whole *omentum*, from the bottom of the stomach to the *uterus*, was rolled up and concreted together like an intestine, be-

ing very much indurated, and firmly attached to the bottom of the *uterus*; near which, upon making a transverse incision through the *omentum*, he could plainly perceive the folds in which it was rolled up and concreted together.

Quære; Does not the tumour, as thus described by our Author, rather evince some particular disorder of the *omentum*, derived from gestation or parturition, than that it should originate solely from the pressure and attrition, which that delicate and fine double membrane receives from the *uterus*: as it is probable, were that the case, that this disorder would become more frequent, as it may not be unreasonable to suppose, that in all women, during the gravid state of the *uterus*, its pressure and attrition upon the *cawl* is almost invariably alike?

C A S E CXIV.

LA MOTTE mentions two cases of pregnancy, in which the children were not felt. In the first there were signs of pregnancy; but the *menfes* returning for two months regularly, the woman consulted her surgeon, who assured her she was not with child, though her belly kept increasing considerably; having been but sickly to the sixth month, she was then attacked with pressing pains like those of labour; her surgeon told her it was the cholic, and that there was not the least appearance of her being with child, he consequently gave her some remedies which eased her pains; but growing still bigger, without finding any motion, and the same pains returning on her two months after, she sent for him; he found her with strong pains; he touched

her, and found the womb full, with its mouth thick and closed; and when she laid on her back with her knees raised, her belly was full, big, and hard, below the navel, feeling no weight when she moved from one side to the other, nor when standing: whereupon he assured her she was big with child, but not yet ready to lie in; that these pains were occasioned by the sharpness of the bile, which irritated the bowels, and even caused a slight looseness: he ordered her some clysters, which carried off her pains; a month after she was taken with true labour pains, which did not remain long on her, before she was delivered of one of the largest girls he ever saw.—In the second case, the woman came to consult him about her *menfes* being stopped for five months, her belly growing bigger without her feeling any thing, at the same time being very well in health; he advised her to be let blood, and come again; two months after this she told him that her belly still kept on growing bigger, without feeling any thing; he repeated bleeding, in hopes that the motion this would
cause

cause to the humours, might be communicated to the child; this not succeeding, he left it to time to decide the matter; her belly was entirely like that of a pregnant woman, and in the touching he found the *os tincæ* well closed, and the *uterus* big and full, and in a little while after he laid her of a very large boy. He imputes the children in these two Observations, of not being felt, to the small quantity of the waters, and their more than ordinary size; but that this is done without any decided propriety, the two subsequent cases will evince.—In the month of AUGUST, 1769, a Lady consulted me concerning her maid servant, of whose chastity she had not entertained the least doubt; her *menstrual* evacuations had been missed four times, for the major part of the time she had been subject to sickness at her stomach, especially of a morning; heart-burn, diarrhœa, and œdematous swellings of the legs; she complained of tumefaction and pain in her breasts: and had other symptoms of pregnancy. I took away some blood from the arm; and upon collecting every

circumstance, gave it confidently, as my opinion, that she was with child. A marriage taking place soon after with the man to whom she had been connected, she acknowledged her own suspicions, and bespoke my assistance at the time she should want it; declaring, however, that although she grew sensibly bigger, yet that she had never once felt the child: and this she protested to have been the case to the very last hour of her time; she was taken in labour in the evening of the third of JANUARY, 1770, and, in a few hours, delivered of a diminutive child, which lived but an hour after it was born: in this case, so far from the largeness of the child being the cause of its not moving, one would naturally suppose, that it was occasioned by the very reverse; especially, as it appeared, when born, in so weak and languid a state.

CASE

C A S E CXV.

Mrs. ———, whom I had delivered of two children before, being again attacked with an obstruction of her *menfes*, imputed it to the particular crisis experienced by most women at her time of life: and she was so fully prepossessed that she was right in her conjecture, that she could not be persuaded to make the usual provision for a child. I was applied to after her *menfes* had been stopped five months; she complained of difficulty in making water, costiveness, and fulness in the *abdomen*; but would not allow that any of these, and many other symptoms, which she had laboured under, were any thing like those which she had been used to in her former pregnancies: it was in vain to argue with her upon the probability, that the case
would

would turn out different to what she expected. An aperient electuary, and a vial of nitrous drops were sent for the present, and I did not see her again till two months after; when she told me she was now confirmed in her first opinion, for that if she had been with child she must have felt it stir: being a tall masculine woman, her increase of size was not so easily distinguishable, as in less women; but she acknowledged, that although she was better as to the complaints for which I had prescribed, yet that she was bigger: thus she went on till the third of SEPTEMBER, 1775, when I was hastily sent for to her; found that the membranes had broke, and that a great quantity of water, had been evacuated; her pains were sharp and frequent, the child was well situated, and delivered in less than an hour after I came into the room: when she was first taken, concluding it was the cholic, she had drank pepper-mint water, and other cordials: and, although several of her neighbours had often called in to see her, yet not one of them actually suspected that she was with child, and were surprized when they were sent for

to

to assist me in her delivery: she declares she never once felt the child; and, I should suppose, that her assertion deserves credit; when we acquit her of every sinister design, and reflect, that her station in life was easy and comfortable, and by no means to be oppressed by such an addition to the family: besides, had she been convinced by the motions that she was with child, she would, no doubt, have readily acknowledged it, and made a provision for it, if it was only to avoid the reproach and obloquy usually incurred by such neglect; the child was of the middling size; and the great quantity of water, &c. again obviates the imputation made by LA MOTTE, in his preceding observations. — Although both the patients, whose cases were last recited, confess that they felt pain and fulness in their breasts; yet, it is remarkable, that neither of them had any milk in them before delivery: the first of them had no milk at all after her lying-in; and the last was a longer time than usual, before it began to flow — Dr. BURTON mentions a case, wherein he was consulted by a Lady who had had children before; but not having been pregnant for
some

some years, was dubious whether she was so at that time, although she had the usual reasons to believe it; excepting, that she had never felt the child stir, nor had any milk in her breasts: she continued in this way, and grew bigger, till within a few days of her being brought to-bed; when, she thought the child stirred, but was not very certain of it: however, she, in less than a week, fell into labour, when he attended her, and brought forth a fine child; but yet she had not the usual hardness or fulness in her breasts; which did not begin to increase till three days after her lying-in, and then the milk began to flow: she was a person, he says, of a tender constitution, of a bad appetite, and something inclinable to hysterical complaints.

C A S E CXVI.

E. W. in the twenty-ninth year of her age (having, for six months before, been afflicted with the *lues venerea*, which had been communicated to her blood by her milk having been infected by her own child; which had been imprudently suffered to suck the milk of a woman, who had been long afflicted with that disease) by the imprudent use of mercurial medicines, had her labour pains prematurely brought on about eleven o'clock in the morning of the nineteenth of JUNE, 1770; a messenger was dispatched for me; but being from home, a midwife was applied to, who had scarcely reached the woman's habitation ere the child was delivered, and nothing remained for her to do, but to assist in the delivery of the *placenta*; but as I was expected every minute, and she was fearful of danger, she contented herself with shewing her great skill and precaution; for, when I came into the house, in a
few

few minutes after the birth of the *fœtus*, I found she had very carefully tied the * *funis* to the woman's thigh, and she told me in a low whisper, *that the after-birth grew to the inside of the womb*. I could but applaud her judgment and discernment: however, after a very little while, nature extricated us both from all our difficulties in delivering the *placenta* by the natural efforts only: the woman continued in a low condition for many days; but, at length, by proper nourishment and care, was able to get about again at the month's end; and by the help of the *mercurial solution*, and *decoction of the woods*, was radically cured of her complaint: but the poor child that had communicated the infection to her, was a most shocking figure indeed; had *ulcerations* in the *uvula*, *tonsils*, *throat*, *vagina*, *labia*, *perinæum*, and *anus*; besides a large deep ulcer on the left buttock, to which I applied *red precipitate*, and gave the child internally a solution of *sublimate*; but it was along time, indeed, before it thoroughly recovered. The *fœtus* of which she

* LA MOTTE has given two similar instances of midwives securing the *funis* to the thighs of their patients.

was delivered, and which was still-born, was a most shocking figure, very probably occasioned from the action of the *mercury*, which had been given to her by a practitioner, whose range of ideas in the line of his profession was not the most extensive. From the bad consequences which resulted to this poor woman and her offspring, from her child's having unfortunately been suckled to suck an infected woman; the mothers of young children, will find the expediency of being very careful, to whose breasts they consign their infants when they part with them from their own.

Dr. SIEBALD, in his comparative Enquiry between the Cæsarian Operation, and the new Method of dividing the *symphysis pubis*, in cases of difficult parturition, speaks of a child, saved by the former of those operations; who, three weeks after its birth, was afflicted ulcerations over its whole body, and soon after died; the woman who suckled it, found her nipples and breasts affected in a similar manner; which appearances our author attributes to the *lues venerea*, with which both the mother and child were probably infected.

CASES

CASES CXVII. and CXVIII.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

“ Nov. 2, 1770.

“ DEAR SIR,

“ **A** RECENT occurrence, in
“ my Practice of MIDWIFERY, having furnished
“ me with matter of communication, permit me
“ to approach you with the particulars: the sub-
“ ject of this case was between twenty and thirty
“ years of age; of a robust habit, and had been
“ used to quick labours, attended with bad
“ floodings: in the beginning of her present preg-
“ nancy, the *menfes* twice returned as usual,
“ though somewhat less in quantity; but not-
“ withstanding that, she suspected her situation,
“ from

“ from what she had before observed, *in regard*
 “ *to the colour of her urine, and the flatness of*
 “ *her belly*; as she proceeded in her gestation,
 “ she became subject to much difficulty in ma-
 “ king water, and sometimes even sustained a
 “ suppression of urine for four and twenty hours
 “ together: but by keeping her belly open with
 “ laxatives, and avoiding fatigue, these symp-
 “ toms were palliated; at times she complained
 “ of violent pains in her back and loins; of un-
 “ common uneasiness in her breasts, and of an in-
 “ clination to go to stool, without being able so to
 “ do; she had also the *hæmorrhoids* to a very great
 “ degree; for which, by my advice, she tried the
 “ application of *leeches* to the parts affected, and
 “ received considerable relief: however, after a
 “ fortnight, this complaint returned again, tho’
 “ not in so bad a degree as before; and being
 “ unwilling to renew the *leeches*, from the trouble
 “ which had attended the stoppage of the *hæmor-*
 “ *rhage* in their first application, she was relieved
 “ with them by venæsection, gentle laxatives, and
 “ sitting over the steams of warm water; about

“ the eighteenth week of her reckoning she felt
 “ the child, and soon afterwards enjoyed al-
 “ most a total remission of the above disorders:
 “ in the latter part of the eighth month she was
 “ seized with a *diarrhœa*, which, after some time,
 “ was removed by small doses of *rhubarb*, with
 “ the addition of *opium*; of which, she took three
 “ grains a day for several days, before she was
 “ well of the purging: and, although it sud-
 “ denly discontinued, she experienced no ill
 “ effects from it: she often observed to me, that
 “ her belly was considerably bigger and higher
 “ on the right side, than the left: and appa-
 “ rently more so, than in either of her former
 “ pregnancies; and on that side, as she proceed-
 “ ed nearer to her full term, the motions of the
 “ child were much more troublesome, than in
 “ any other part: she was taken in labour early
 “ in the morning of the eleventh of last month;
 “ I was sent for soon after, and on my arrival,
 “ found the pains but trifling, and recurring now
 “ and then, at pretty long distances; the *os tinæ*
 “ was

“ was very high up, inclining to the right side,
 “ rather rigid and open to a small degree : she
 “ told me she had been restless, and had but
 “ little sleep in the night ; I therefore admini-
 “ stered an opiate, and left her for the present :
 “ she got rest for some hours, and being soon
 “ afterwards attacked with smarter pains, I was
 “ called again, and found the *os tinæ* more di-
 “ lated, and a regular recurrence of pains ; but
 “ still the *presenting part* receded from the touch,
 “ and continued so to do till near five hours
 “ after my second visit ; when, in consequence
 “ of an extremely sharp pain, the membranes
 “ broke, and an uncommon quantity of water was
 “ discharged ; from the softness of the *presenting*
 “ *substance*, in which I evidently felt a fluctuation,
 “ I must ingenuously confess, I knew not what
 “ to make of the case ; nor was I able to guess
 “ what part it could possibly be : first, I thought
 “ it was the *cheek* ; then, the *nates* : and, in short,
 “ sometimes one part, and then another : how-
 “ ever, the pains being very strong, and the
 “ *presentation* descending, so as to block up the

“ whole cavity of the *pelvis*, I was led to hope,
 “ the propelling force would be sufficient to bring
 “ about a happy issue: however, in the remif-
 “ sion of pain, I made the most accurate exami-
 “ nation in my power; and by the fluctuation,
 “ which was now more manifest than before, on
 “ account of the parts being lower and easier to
 “ be touched; I should have concluded that it
 “ was an *hydrocephalous* head, but could neither
 “ discover any hair upon the scalp, nor the *fu-*
 “ *tures* of any part of the head; which I con-
 “ cluded might have been the case, notwithstand-
 “ ing, in such a situation of the head, the bones
 “ would have been greatly *collapsed*; but even
 “ then, they must have formed irregularities dis-
 “ coverable by the finger: I was therefore utterly
 “ at a loss to learn, at any rate, the reality of
 “ the part that first offered; which, after a long
 “ succession of severe pains, was delivered, and
 “ appeared to be a large *tumour* situated upon the
 “ right side of the child’s head; which occupied
 “ the whole space, from the *sagittal* to the ante-
 “ rior part of the *lambdoidal future*, extending
 “ over

“ over the right *parietal bone*, and the greatest
 “ part of the *os frontis* quite to the left orbit: it
 “ was entirely smooth on its surface, had no hair
 “ upon it, and was of a considerable bulk: on
 “ measuring the *tumour*, its length was six inches
 “ and about a quarter, and in circumference al-
 “ most fourteen inches and a half; the child just
 “ breathed when it was born, and died soon
 “ afterwards. Upon being permitted to open
 “ the *tumour*, I divided the integuments in the
 “ most prominent part, and found it filled
 “ with *concreted mucus*, and *grumous blood*, devoid
 “ of smell; of which there issued through the
 “ wound, not less than six or eight ounces, which
 “ lessened the magnitude of the *tumour* in part
 “ only; for, upon a more minute inspection, I
 “ found the remaining parts next the orbit, en-
 “ tirely firm and *membranous*; it was full an hour
 “ before the *placenta* separated; at length it came
 “ down into the passage, and the woman being
 “ very impatient to have it delivered; and having
 “ once tried in vain to disengage it with my hand
 “ and finger, I introduced my finger with the

“ blunt hook, and thus soon finished the busi-
 “ nefs; had I not been encouraged to wait by
 “ the descent of the presenting part; in case of any
 “ exigency, I think I might have been justified in
 “ pushing it back, and going up for the feet, as in
 “ other preternatural cases; so far from expecting
 “ that the head would be the first part brought
 “ forth, that I should not in the least have been
 “ surprized to have found it the *nates*, or some
 “ other part: the woman remained pretty
 “ well, till the evening of the second day after
 “ her delivery, when she complained of heat,
 “ head-ach, and thirst; but these complaints
 “ gave way to a *neutral mixture*, in which was
 “ dissolved an ounce of *Glauber salts*, and in due
 “ time she was restored to her natural health:
 “ upon enquiry, I could not find that she had
 “ received any hurt during her pregnancy.

“ I HOPE you will not think me guilty of in-
 “ trusion, if I prolong this Letter, with the sin-
 “ gular case of a Man, in the Workhouse of a
 “ neighbouring parish, whose Poor I have the
 “ me-

“ medical care of: he is now in the fifty-fifth
 “ year of his age, and about six years ago was
 “ sent to the hospital, with an inveterate ulcer in
 “ his thigh; which had been of long standing, and
 “ which had been accompanied with a *caries* of
 “ the subjacent bone: the disorder had been ow-
 “ ing to an irregular course of life; and the dis-
 “ charge, upon his first going into the hospital,
 “ was fetid and acrimonious, and he was much
 “ emaciated; his continuance there was five
 “ months, when he returned home, cured of
 “ the ulcer, and with the system nearly resto-
 “ red to its natural vigour; but reverting to his
 “ former bad habits, in a little time, an ulcer
 “ broke out upon the *tibia* of his left leg; which
 “ being long neglected, before he applied for
 “ advice, it again became very inveterate, and
 “ when I first saw it, was *callous* and *carious*,
 “ and had a very offensive smell; by correcting
 “ the acrimony of his blood, and enjoining him
 “ to a regular way of living, after some time the
 “ ulcer was brought into a very promising state;
 “ and in the month of AUGUST last, a quantity

“ of blood was first discharged from the ulcer :
 “ and this extraordinary evacuation has been
 “ almost regular in its periodical returns ever
 “ since : I say almost, because the periods have
 “ been sometimes two or three days, or more,
 “ distant : for this strange instance of *menstrua-*
 “ like evacuation, I know not how to account ;
 “ and beg you will be pleased, in your next
 “ Letter, to make it a subject of your considera-
 “ tion. The Man has enjoyed better health since
 “ the discharge.

“ I have the honour to remain, &c.”

THE ANSWER,

“ DEAR SIR,

“ **T**HE Cases you have sent me,
 “ are singular and uncommon enough. The age
 “ of your woman patient is accounted the hap-
 “ piest

“ pieft time of life to bear children: you fay ſhe
 “ had been ufed to quick labours, with bad
 “ floodings; which is very often the caſe. The
 “ regular returns of the *catamenia*, in the two or
 “ three firſt months, is not very unuſual; there
 “ have been inſtances of their having continued
 “ even to the ſixth: and LA MOTTE gives a caſe,
 “ where they kept on through the whole preg-
 “ nancy. *The citron colour of the urine may*
 “ *be generally eſteemed, I believe, a pretty cer-*
 “ *tain ſign of pregnancy. It is no uncommon*
 “ *thing amongſt the French Ladies, to deter-*
 “ *mine their being with child by the flatneſs of*
 “ *their bellies.* The complaints which your pa-
 “ tient ſuffered, could not, I think, in the leaſt
 “ contribute to the diſorder on the head of the
 “ *fœtus*, as they appear to have been merely ſigns
 “ of the new *ſtimulus* made by the increaſe of
 “ the *fœtus*, and nothing more: they were, in-
 “ deed, more ſevere than common; and it ge-
 “ nerally happens, that when a woman has great
 “ complaints in her breasts, &c. during the time
 “ of her geſtation, ſhe has for the moſt part an

“ ill time. When a *diarrhæa* happens so late as
 “ the eighth month, the constitution ought to be
 “ duly considered, and it will most commonly
 “ be found right to stop it. The *uterus*, you
 “ know, in its natural state, is situated exactly
 “ in the center of the body; but it is to be ob-
 “ served, that in women, who have had chil-
 “ dren, the *fundus uteri* generally inclines to the
 “ right side. The child, about the end of the
 “ ninth month, grows very troublesome from its
 “ size, and its feet are often observed to beat
 “ against the *fundus uteri*; especially, where its
 “ position is natural; which was the case in the
 “ woman you mention: from hence, we may
 “ probably deduce a reason for her being bigger
 “ on the right side, than the left; and the parti-
 “ cular uneasiness, which was so troublesome to
 “ her as she got nearer her full time. You speak
 “ of a large discharge of water upon the break-
 “ ing of the *membranes*; and may observe, that
 “ when the *uterus* is distended with much water,
 “ the head will ever be found to recede more or
 “ less from the touch. In difficulties occurring
 “ from

“ from retentions of the *placenta*, it was common
 “ formerly to use a small kind of forceps; but
 “ the hook will be always found as much supe-
 “ rior to the forceps, as the fingers are to the
 “ hook. It was no wonder that the case should
 “ turn out *laborious*. The addition made to the
 “ head by the *tumour*, must necessarily render its
 “ passage more difficult and embarrassing; be-
 “ sides, the *placenta* remaining more than half an
 “ hour in the *uterus*, after the delivery of the
 “ child, should, in my opinion, always give the
 “ appellation of *laborious*, to all labours. It will
 “ be found hard to account for this very extra-
 “ ordinary *tumour* of the child's head; or, to
 “ say, whether, it was of a *hydrocephalous* kind,
 “ a species of the *spina bifida*. The parents
 “ should not regret their loss; the child's life
 “ would probably have been but of short dura-
 “ tion, and attended with much misery and pain.
 “ —In regard to the phænomenon you mention,
 “ it may be found difficult to investigate its real
 “ cause; but, as the Man has had his health
 “ better

“ better since this periodical flux; we may be allowed, with some reason, to conclude, that it is, in great measure, occasioned by a *plethora*. I once knew a Man, who had a very regular monthly discharge from the *hæmorrhoidal* vessels, and which continued for some years.

“ I am, &c.”

IN the Medical Commentaries, vol. 5. sect. 2. art. 3. we have the following history of a case, in which there occurred a very uncommon presentation of a child; to whose neck there was attached a *tumour*, nearly about the size of the child's head, as communicated to Dr. DUNCAN, by Mr. JOHN GARDNER, Surgeon, at BETLEY, STAFFORDSHIRE: M—Y B——H, aged twenty; of a good constitution, and well-formed *pelvis*, was attacked with labour pains about seven in the morning: at nine he came to her, and, upon enquiry,

enquiry, found that the waters had broke about an hour before; her pains were then exceedingly weak: and, upon examination, he found the *os uteri* completely dilated, but a very extraordinary kind of presentation: the hand and arm lay under the body, which was forced very low into the *pelvis*; and the point of the other shoulder was distinctly to be felt upwards; whilst, at the same time, the insertion of the *funis umbilicalis* into the belly, was plainly to be felt near to the *os externum*; from this situation of the child, he was of opinion, that it lay directly across the *pelvis*, and that there was no other remedy than the turning of the child; but as the woman's pains increased, and she was very timorous; and finding, from the hand and arm of the child, it was very small, he was disposed to wait the efforts of Nature for some little time, thinking it possible for the head of the child to follow the shoulder; which he had once found to be the case in a child much larger than this; but after waiting some time, and finding it gained no advantage, he told the woman and her friends the

nature

nature of the case ; and if she would consent to the turning of the child, doubted not but she would do very well ; the woman reluctantly gave her consent, and he then begun the operation, by making an attempt to raise the body of the child ; but not succeeding, he endeavoured to pass his hand gently up into the *uterus* to search for the feet, and to his great surprize, found one foot lying directly across the side, and the heel turned downwards ; with great difficulty he laid hold of the foot, and brought it down, and then passed a ligature round the ankle ; and having gained this advantage, he let the woman rest ; and, as the leg lay directly across the body, he began to suspect that there must be two children : he was, however, determined to take every advantage from that leg ; but, after many fruitless attempts, to bring the child lower, he passed his hand under that leg up into the *uterus*, found another knee, and with some difficulty got hold of that leg ; finding this leg much larger than the other, he concluded they were two legs of different children ; the woman's pains increasing then

very

very much, forced the child down very fast, till it came as far as the hips: he was then convinced, although there was evidently such a difference in the size of the legs, that they belonged to one child; after it had advanced below the navel it there stopped; and as he found the child must have been dead sometime, the cuticle stripping all off with what little force he used, he was fearful, from the great resistance he then met with, that he should pull the body from the head, and leave the head in the *pelvis*, he wrapped a cloth round the body, and gradually pulled; at the same time alternately raised the body upwards, and moved it downwards; finding he gained some little advantage, he persevered till he came to the shoulders, then cleared both the arms: after this he passed his finger into the child's mouth, and here he found greater resistance than ever; at length he overcame it, and to his great surprize, found a large *tumour* growing behind the head, of nearly the same size with the head: the origin of this *tumour*, our author tells us, was exactly at the *lambdoidal future*; and

it

it hung by a stalk of about half an inch long, and two inches in circumference, and then immediately enlarged to the size of the child's head; the external covering of this *tumour* was very red, and exceedingly *vascular*, but had no hair upon it: the integuments were very thick, and it evidently contained a fluid. As he could not prevail upon the friends to let him have the *fœtus*, he was determined to examine the contents of the *tumour*, to which they reluctantly gave consent: he divided the integuments near to the basis of the *tumour*, and found that it contained about a pound of thin blood, of a very black colour, and somewhat fetid: he also found blended with it a large portion of the medullary substance of the brain; but is disposed to think that the brain was not a part peculiar to the *tumour*; but that the *dura mater* was become putrid, and by that means suffered a part of the brain to pass into the preternatural *tumour*, and so it came to be mixed with the enclosed fluid; the lower part of the back looked exceedingly livid, and the *lumbar processes* of the spine were much bent inwards,

wards, and broke: it seemed, he says, that this part of the child had suffered some violent injury, so as to be the cause of its death; which, from the age of the *fœtus*, and the appearance of putrefaction, must have happened, at least, one month before delivery. Upon asking the woman if she had received any injury during her pregnancy; she informed him, that she had received a violent blow upon her belly, about two months before, falling down upon the edge of a large cloaths basket. Our author concludes, with observing, that the history of the case must appear singular; when we consider, that the presentation of the child was such, as was never before described by any professor of MIDWIFERY; a point of one shoulder; the hand, arm, and shoulder, of the other side; the insertion of the *funis umbilicalis*, and one leg, lying across the side, were all to be distinctly felt at once: the leg that was first discovered was bent, and turned quite upwards from the knee; so, that the situation of it had impeded the circulation of the blood into the limb, and occa-

sioned that leg and foot to be so much less than the other.—LA MOTTE mentions the case of a *fœtus in utero*, that was killed by a fall in the seventh month; which, when born, looked as if all its flesh had been taken away, and the skin stuck again upon its face and bones: and thinks, that it might not die immediately, nor, perhaps, till the flesh and humours were all consumed away, growing till then, weaker and weaker, by degrees: he adds, that the child was not corrupted, because the air was not able to get at it.—In the Medical Observations and Enquiries, vol. 5. we are favoured with a curious case, of a very extraordinary *tumour* on the head of an infant, by Mr. WILLIAM LOFTIE, at CANTERBURY. To Mr. JAMES CALDER, Surgeon, in GLASGOW, we are indebted for the following history of the *menstrua*, regularly evacuated at an ulcer of the ankle, as published in the third volume of Medical Essays and Observations: a healthy, vigorous, labouring country girl, of an ordinary stature, strained her right foot, at fifteen years of age, and again at nineteen, when a for-

did

did ulcer broke out in it: this being healed up in three weeks, she soon after complained of a disorder through all her body. At twenty years of age her *menstrua* appeared for the first time, but in a very small quantity: the former disorders still continuing, she was blooded at the *vena saphæna* of that right foot: soon after which an ulcer was formed at that ankle, which had then continued above five years; a considerable share of the *os calcis* having come out; this ulcer sent out in two or three days, of each month, as large a quantity of blood, as women generally pass in their courses; and this in regular periods, without any bleeding at the intermediate time: some days before this periodical *hæmorrhage*, she always complained of great pain in her foot, which became tolerably easy as soon as the evacuation was past: she continued in this way, till in MAY, 1733, the bones being cast out, and the ulcer beginning to heal up, while her body turned more plump and strong; the *menfes* came the natural way, in much the same quantity, and continuing the same time they used to do at

her foot, which bled none. She had a second natural return of the courses in JUNE; but, in JULY, she passed the natural period, and her foot became more painful; but, the *menfes* returning as in other women, the pain ceased; and she had ever since that time been in good health, with her *menfes* regular in the natural way, without any other evacuation, than of a small quantity of *pus* at the ulcer, which still continued a little open.—A Surgeon, of deserved eminence in his profession, in the year 1772, had the care of a young woman, in the 20th year of her age; she was of a *cacheetical* habit, never had *menstruated*, and had a *phagadenic* ulcer in her left leg, which for some time betrayed a great degree of acrimony in the blood: by the most judicious treatment it was soon brought into a healing state; when suddenly, after much pain in that leg and thigh, the ulcer discharged a quantity of blood, and continued so to do, in regular periods, for eight months successively; when the *menfes* appeared in the regular way, the ulcer dried up, and the woman is since married, and has had children.

CASE

C A S E CXIX.

Mrs. ———, a farmer's wife, in the thirty-second year of her age; naturally of an irritable habit, had long been subject to a train of nervous symptoms, in MARCH, 1777, applied to me; she was then five months advanced in her pregnancy; complained of low spirits, weakness, want of appetite, weariness after motion, and watchfulness; she had also a pain and giddiness in her head, and frequently great nausea, with retchings to vomit, was alternately hot and feverish, or cold and chilly, and her mind was unusually hurried upon the least emotion; a nitrous decoction, and an *infusion of bark* and *elixir of vitriol*, had been prescribed for her, but would not stay on her stomach; neither could I succeed in any thing that I gave her; her stomach totally

rejected every kind of medicine; till, by the advice of a physician, her symptoms were palliated by bleeding in small quantities, the warm *pediluvium*, and by opiates, taken every night at bed-time: on the 31st of JULY following she was taken in labour, and sent for a midwife; who, after waiting a considerable time, and notwithstanding the pains were strong and frequent, finding that the child, which presented in a natural position, and was very low down, did not in the least advance, reluctantly consented to my being called in. At the time I was sent for, it happened that I was attending another woman in labour, and was not released till two hours afterwards; when I immediately visited this patient, and was informed by the midwife, that “ *she had performed the delivery with a great deal of trouble, and not without dexterously pushing back the bones behind, to make way for the head, which was very large, and had lain so long in the birth, that the child was, by that means, still-born.*” As the delivery was succeeded by a fainting fit, much attention had been paid to the mother, and none

to the child; which, upon the presumption of being dead, had been huddled up in some cloths, and laid by in a corner: the mother being now pretty well recovered, began to shew some solicitude about the child, and I obeyed her directions in examining it; when, to my no small astonishment, although it was very black and livid, some remote signs of life remained, and I immediately divided the *funis* below the ligature, which had been too precipitately made: it at first bled but a few drops; but by putting the child before the fire, rubbing it, and washing it well with warm brandy and water, the bleeding from the *funis* increased, and in less than five minutes the poor infant, much to the satisfaction of its parents, was so well recovered, as to cry with an audible voice, proved hearty and strong, and is alive to this hour; nor is this the only instance where, upon properly examining children, which, as soon as born, have been laid by as dead, I have been so fortunate as to see them revive and do well. I could here recite two very particular instances,

besides the above-mentioned ; but as they might be thought to imply some oblique reflection on the practitioners concerned, I shall felicitate myself with the retrospect of having been the means of saving two children ; which, without such interposition and care, would most probably have perished. It is a very pernicious custom, and too prevalent amongst midwives, to tie the navel string too soon : and agreeably with my own experience, as well as on the authority of some respectable writers on this subject, I can aver, that it ought never to be done till the child has either *made water, sneezed, or cried.*—

Dr. WATTS, in his *Reflections on slow and painful labours*, chap. ii. has employed much pains and ingenuity on this matter, and proved that many infants die convulsed in consequence of the *funis* being cut before the grand revolution in the circulation is accomplished ; a doctrine, which perfectly agrees with the precept laid down by the sage *Hippocrates* on this subject. In the fifth volume of *Medical Observations and Enquiries*, we find a singular account of a ner-

vous case in pregnancy, related by Mr. JAMES LUCAS, Surgeon, at LEEDS, and communicated by Dr. HUNTER; in which, from bleeding, and opium, the patient received the most material relief. —LA MOTTE, is of opinion, that the *os coccygis* is no obstruction to the coming away of the child: and, although DAVENTER, and some other authors of a later date, agree in advising the thrusting back of the *os coccygis*, when the head or buttocks are too large; it appears to me unnecessary, as the *os coccygis* is indued with such a degree of elasticity from its intervening cartilages, as to render it capable of receding, when the protrusion of the child is effected, either by the labour pains themselves, or by the forceps. —LA MOTTE advises us to be very cautious in examining children that come forth apparently dead; having seen *several*, he says, that have come to themselves again, after the string has been cut, by putting them *before the fire, washing them with hot wine, or blowing some into their mouths.* Vide FORTAL, Obs. 13.

C A S E CXX.

I WAS called to a patient about one o'clock in the morning; who, from a blow, fell into labour, and had continued so for two days and nights, previous to my being sent for: as I was on the road to attend her, a messenger, who had been dispatched for that purpose, met me, and informed me, that the woman was dead: however, not being far from the house, I proceeded thither, and received the following account from the midwife: “ *that the woman had accidentally received a blow in an affray which had happened in the neighbourhood, and soon after was taken with labour pains: in the beginning of which the membranes broke; that it was many hours after she was taken, before she (the midwife) was informed of her situation; that, at first, she found* “ *the*

“ the head very low, and as the pains grew greater,
 “ and more lasting, expected the child to be born
 “ every minute; but although the pains continued
 “ good for many hours, the head did not in the least
 “ come forward; at length the pains slackened, the
 “ woman grew fainter and fainter, and had been
 “ dead full an hour before I arrived; but had not
 “ been attended with either convulsions or flood-
 “ ing:” she likewise told me, “ that the woman
 “ was not very young, and that this was her first preg-
 “ nancy.” Being permitted to examine the corpse,
 I found upon touching, that the head of the child
 rested upon the *perinæum*, which the midwife al-
 lowed to have been the case, both before and after
 the cessation of the labour pains: upon a more
 strict enquiry, I easily perceived the greater *fonti-
 nelle*, and found the face of the child inclined
 towards the *pubes*; hence I may venture to affirm
 to a certainty, that had proper assistance been
 called in time, and the *forceps* been applied; it is
 morally possible, that the lives both of the mo-
 ther and child might have been preserved: at least,
 it was such a chance, that it was a thousand pities
 it were not tried.

CASE

C A S E CXXI.

A WOMAN, subject to an *idiopathic* jaundice, was taken in labour about six in the evening of the third of FEBRUARY, 1777, and sent for her midwife; who, after waiting with her a considerable time, and at length finding the *membranes* break, and a foot present, desired further assistance might be called in: it was late in the evening of the next day that I received the message, and then I was engaged in a labour at a great distance from home; but being released by the delivery of the woman I had been with, in about half an hour after the messenger was gone, I hastened to assist this other patient, whom I found delivered of Twins, by the natural efforts only: the first child coming feet foremost, and the second with its head in a natural direction;

tion; there were two distinct *placenta's*, which both come away after the birth of the second child. I have often observed a yellowness of the skin with which some children are born, which is not to be imputed to the jaundice, as it generally goes off after a proper evacuation of the *meconium*; but both these children were born with a confirmed jaundice; for the *albuginea*, or whites of their eyes, were of a deep yellow, which spread all over their bodies; and the urine which they made tinged the clouts and linnen like saffron: I never met with such a case before: although such means were used, as their tender state would admit of, it might be said, that the jaundice was the destruction of them both; one living only to the end of the second month, and the other to the beginning of the fourth. M. PORTAL, in his *Remarks on certain Diseases of the Liver*, &c. published in the *Memoirs of the Royal Academy of Sciences at PARIS*, takes occasion to notice the jaundice of new-born infants; and supposes it an affection, not to be owing to any disease of the liver, but merely to the bile insinuating itself into the lacteals: he tells

us,

us, that upon passing a ligature round the small intestines of dogs, a little below the opening of the *ductus choledochus*, he has observed, that in five or six hours afterwards the *tunica conjunctiva* of their eyes has acquired a yellow tinge, and their *lacteals* have been filled with bile: he farther remarks on this complaint, that the liver is sometimes suspected without reason: and is often, on the other hand, the unsuspected seat of the disease; as in two particular cases: one of the patients, was a woman who complained of pain in the *epigastlic region*, attended with vomiting; the disorder was treated with bitters and stomachics; but the patient died hectic: on dissection, the stomach was in a healthy state, but the liver was enlarged, and diseased. Some years afterwards he applied this observation to the case of the Marchioness D'EPAGNY, who had been treated for a stomach complaint; she had vomitings, cough, dyspnoea, swelled legs, and hectic fever: upon examination, he found the liver enlarged, and by means of *Kermes mineral*, given in small doses, with *terra foliata tartari*, the patient recovered.

CASE

C A S E CXXII.

ABOUT four o'clock in the morning of the sixteenth of DECEMBER, 1772, I was sent for to E. L. of EAST PECKHAM, who had been in labour eight and forty hours: it was her second pregnancy, and she was in her forty-third year. The midwife who was engaged, informed me, "*that she had tried all her skill, but was unable to get the child into the birth; that the labour had been at a stand for many hours; that the waters had broke the day before: and, it was her opinion, that either the mother or child must die;*" and this discouraging verdict I found she had imprudently communicated to the woman long before I came to her; the danger which was supposed to attend her case had brought together no small number of her female acquaintance, who
were

were all prepossessed with apprehensions for her safety. The pulse was strong and good, not in the least weakened, nor accelerated; and from the outward appearance of the patient, there seemed but little probability, to think the case so bad as it had been represented; she had every now and then, at about the distance of five or six minutes, very strong and regular pains; and taking the advantage of one of them as she laid on her side upon the bed, I found the *os tincæ* obliterated on all sides, and the membranes and waters pushing down into the *vagina*: and even upon the remission of the pains, they retained their magnitude, and the membranes felt so tense and turgid, that no part of the child could be felt through them; so that it were impossible to form any other idea of the case, than that of the labour being entirely retarded by the extraordinary tension and rigidity of the membranes; and that the child was buoyed up above the brim of the *pelvis*, by the large quantity of water, and thereby totally prevented from entering therein: therefore, on the accession of the next pain, I

rup-

ruptured the membranes, when the head immediately advanced, and the delivery was brought about, in less than ten minutes, by the simple force of the labour pains, to the agreeable astonishment of the whole company; the extraction of the *placenta* was easily effected: but over the surface of it there appeared a great number of large vesicles, detached from each other, and full of a fluid resembling *lymph*. The child was born alive, and the woman soon recovered her strength.—We meet with some excellent Remarks and Observations on tedious and lingering labours, from the too great strength of the membranes, in the first chapter of D. WATTS's Reflections on those cases. Vide Case viii. vol. 1. of this Publication.

C A S E CXXIII.

ISAAC BLACKMAN's wife, of BIRLING, about eight and thirty years of age, being near the full period of gestation, by a fright, fell into labour; and after some injudicious and injurious experiments had in vain been made to expedite her delivery, and which had caused a tumefaction of the *pudenda* and *vagina*, I was called in. The *os tincae* was very thick and rigid, just beginning to open, and tilted backwards towards the *os sacrum*; by the head of the child pressing down upon the bladder and *rectum*, a great and almost continual inclination to urine had been brought on, and the *fæces* thereby ejected; as the weather was hot, I ordered a clyster of water gruel to be given her, and repeated occasionally; advised an emollient poultice to the tumefied parts :

parts: and after administering an opiate, with strict injunctions, that the case should be left to nature, till it was found necessary, from the increase of pain, to send for me again, I withdrew, and I was not called upon till three days afterwards; when I found the head very low down, and the pains as numerous and severe, as ever I met with in my life, and they continued so for upwards of two hours after I came to her; when, at length, by their violent force, the head was pushed through the *os externum*: in this situation, after resting for some little time, on the accession of a pain, I moved the head from one side to the other; but the shoulders were so uncommonly broad, that it was near half an hour before I could obtain their exit, and the other parts pretty easily followed; but it was more than an hour before the entire exclusion of the *placenta*, which was unusually thick and membranous.—It is an observation of LA MOTTE's, that the more thick and membranous the *placenta's* are, the more they are apt to adhere; of which he has given us examples, p. 149, and 524. The bulk of this child's

head and body was very considerable; the total circumference of the head being sixteen inches and two eighths; and that of the body, at the shoulders, twenty-four inches and a half; which so far exceeds the usual diameter of a well-formed *pelvis*, that it is really surprizing how nature herself should, in this case, have proved equal to the delivery. The mother recovered slowly, but the child died of convulsions the day after it was born. Some years before, this woman informed me that she had been delivered of a *monstrous child*, whose mouth bore a great resemblance to that of a dog's, and the hands and feet were both *inverted*: the child was then living, and in the sixth year of his age; always laid in a cradle; was obliged to be fed; was entirely helpless, and lived some months after I saw it: the deformity of this pitiable being, was imputed by the mother to her having been bit by a dog, and thereby much frightened, in the fourth month of her pregnancy.

CASES CXXIV, CXXV, and CXXVI.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

“ May 28, 1771.

“ DEAR SIR,

“ **W**HEN I had last the pleasure
“ of seeing you, you will remember, that the
“ conversation turned upon the woman patient,
“ whom I described to you, as having for years
“ had a particular kind of *tumour* between the
“ *pubes* and *umbilicus*; (Vide case cxiii.) and,
“ who was then six months advanced in her
“ sixth pregnancy: soon after conception, she
“ was seized with rigors, and had complained of
“ pain and heat in the *vagina* and region of the
“ *pubes*, with a sensation of weight and heavi-

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“ ness

“ nefs in thofe parts; which fymptoms conti-
 “ nued, in a greater or lefs degree, till ſhe came
 “ to her full time. When I was ſent for, the
 “ midwife, who had attended from the begin-
 “ ning, informed me, that ſhe had been in la-
 “ bour for the four preceding days; that her
 “ pains, at times, had been very ſtrong, but
 “ were now grown much weaker; that ſhe could
 “ not tell whether the membranes were broke or
 “ not, becauſe there was ſomething in the paſ-
 “ ſage which had prevented her from making a
 “ proper ſearch, and that a flooding had come
 “ on, about three hours before my arrival. I
 “ found the pulſe in a feeble ſtate, and the wo-
 “ man much exhausted by the quantity of blood
 “ which ſhe had loſt: upon touching, to know
 “ the progreſs of the labour, I diſcovered a large
 “ *globular tumour*, which filled up the *vagina*,
 “ and felt ſoft, pliant, and fluctuating to the
 “ touch; it was with ſome difficulty I paſſed by
 “ it, and found the *os tinæ* above, fully dilated,
 “ and the membranes preſſing through it, and
 “ containing ſomething ſmall, and of an irregu-
 “ lar

“ lar shape, like fingers or toes, it was impossible
 “ I could tell which; concluding that the *tu-*
 “ *mour* either contained *coagulated* blood, or
 “ that it was an *abscess* arrived at a perfect state
 “ of maturity, I resolved to evacuate its contents
 “ before I proceeded to make any further en-
 “ quiry into the state of the labour; which I
 “ accordingly did, with the points of a pair of
 “ strait scissars, carefully introduced by the two
 “ fore fingers of my right hand within side three
 “ fingers of my left, which I had lubricated, and
 “ passed up the *vagina*, to confine the *tumour*
 “ for my purpose; immediately upon the open-
 “ ing being made, it gave an exit to a prodigious
 “ quantity of *glutinous* and thick matter: soon
 “ after its discharge I made an examination, and
 “ found the *os tincæ* and membranes in the state,
 “ as before described; but could now very
 “ plainly distinguish the feet through the mem-
 “ branes; and considering the weak state of the
 “ woman, the *uterine hæmorrhage*, and the pains
 “ as too slight and lingering to assist the birth, I
 “ ruptured the membranes, took charge of the

“fect, and soon delivered the woman, as is
 “usual in preternatural presentations, of a small
 “female child, which did not seem to have
 “been long dead; the *placenta* was excluded in a
 “few minutes, and the patient is now pretty
 “well recovered; detergent injections and emol-
 “lient fomentations were used to the parts af-
 “fected for a few days, and were then laid aside
 “as totally useless. I delivered this woman on
 “the 25th of last month; and on the 29th was
 “sent for to E. B. aged fifty-one: she com-
 “plained of continual pains in her back, belly,
 “sides, and thighs, attended with costiveness, a
 “full pulse, and intense thirst; she had borne
 “several children: and upon examination, the
 “*os tinæ* felt rather longer than usual, hard, but
 “moist, and somewhat dilated; I took away
 “a few ounces of blood, ordered an emol-
 “lient clyster, and in the evening exhibited a
 “neutral mixture, with an anodyne; after which
 “she held pretty well, till the 4th of this month;
 “in the afternoon of which, being called, I at-
 “tended her; the membranes were broke, and the
 “waters

" waters discharged: but although the labour
 " pains were strong and frequent, the *os tincae*
 " was not much dilated, and felt extremely rigid;
 " I waited that night, the next morning, and till
 " ten o'clock the next night, till the head de-
 " scended to the bottom of the *pelvis*, and I ex-
 " pected that nature would at length have done
 " the business; but, at this critical juncture, the
 " pains went entirely off, and, although she
 " did not flood in the least, yet she became
 " languid and faint, and the pulse began to
 " sink: I therefore determined on making use
 " of the forceps, and accordingly placed her in
 " a posture, between sitting and lying, with her
 " breech to the side of the bed; and as the situ-
 " ation of the head was ascertained, by one ear
 " being to the right *ischium*, and the other to the
 " inferior part of the left *ilium*, I proceeded in
 " my operation with all possible circumspection
 " and care; and after suffering much from the
 " cramp in my hands and fingers, applied both
 " blades of the short forceps, locked them, se-
 " cured the handles, and succeeded in the deli-
 " very

“ very of a very large live child; whose head
 “ was squeezed into a conical form, of immense
 “ length, and was many days before it recovered
 “ its natural shape and form; the child was for
 “ some time subject to convulsion fits; but, by
 “ proper means, has recovered from them, and
 “ is now in a good thriving state; the mother
 “ has not been quite so fortunate: for the day af-
 “ ter her delivery, although she appeared better
 “ than could have been expected, and her strength
 “ was much recruited, she was attacked with a
 “ fever, and laboured under a suppression of urine
 “ for four days; from which she was at last re-
 “ lieved by the catheter: on the tenth day she
 “ had a *miliary* eruption of the red kind, which
 “ covered the whole surface of her body with
 “ a violent itching: I was in hopes this
 “ would have proved critical; but she still re-
 “ mains in a very doubtful state: on the
 “ fourth day her milk began to come, but dis-
 “ appeared that evening, and has not returned
 “ since; the discharge of the *lochia* has been in pro-
 “ per quantities; but she gains no strength, sleeps
 “ little,

“ little, is subject to flushing heats, night sweats,
 “ and has no appetite: notwithstanding she has
 “ had so many children, she never before expe-
 “ rienced any difficulty in her labours, or after
 “ them. — We have a young woman, in this
 “ neighbourhood, about four and twenty years of
 “ age, who has miscarried *five* several times,
 “ about the beginning of the *sixth* month of ges-
 “ tation, without any obvious cause: she is na-
 “ turally of a delicate habit, but has always
 “ enjoyed a tolerable share of health. — Your
 “ sentiments on this occasion, will be esteemed
 “ a particular favour done.

“ Yours, very truly, &c.

‘ P.S. Upon the obstruction of the *menfes*, do you
 “ not find the tumefaction of the *mammæ*?
 “ And the yellowness of the ring round the
 “ nipples, to be pretty certain signs of preg-
 “ nancy?”

THE ANSWER.

“ DEAR SIR,

“ **A**CCCEPT my best thanks for
“ your last communications: a *plethora* might
“ occasion the *tumour* you met with on the head
“ of the *fœtus*; it was undoubtedly a bad situa-
“ tion, and had its contents been hard or *con-*
“ *creted*, might have proved a very dangerous
“ obstacle to the delivery. Amongst the Ob-
“ servations of PORTAL, there is a case of a
“ woman, who had a large *tumour* in the in-
“ ferior region of her belly, which proved fatal
“ in parturition. Without freedom in our cor-
“ respondence, the advantage intended cannot
“ result from it; and you must excuse me,
“ in desiring an explanation of any particu-
“ lar circumstance that I do not perfectly com-
“ prehend: therefore, let me know the situation
“ of the chin and forehead, in the case which
“ required

" required the use of the forceps : the advantage
 " of that instrument is every day more and more
 " conspicuous ; and the former practice of
 " turning the child, and bringing it away by the
 " feet, when the head has been confined in the
 " *vagina*, is now very properly discarded. The
 " *os tinæ* will generally open in proportion to the
 " violence of the pains ; but probably the age of
 " your patient opposed an earlier dilatation of the
 " parts.—In such instances as you mention, pos-
 " sibly miscarriages may be attributed to the
 " *uterus* being limited in its extent : and, in
 " that case, the supposition will hold good, that
 " when it is extended to a certain degree, it ne-
 " cessarily contracts, and of course forces off
 " the extraneous body. The swelling of the
 " *mammæ* is generally a sign of pregnancy, when
 " a woman goes with her first child : as is also
 " the yellowness of the rosy ring round the nip-
 " ple ; but it is to be observed, that when once
 " this ring is discoloured, it seldom or never re-
 " covers itself. I shall be glad, upon all occa-
 " sions, to hear from you ; and am, &c."

IN

IN my Reply, I informed the Doctor, that in the case he mentions, the chin was turned up to the hollow of the *sacrum*, and, that the right side of the forehead was to the *pubes*.—In the Medical Essays and Observations, vol. 5, article 37, we meet with an instance of an extraordinary *tumour* impeding the birth of a child, by Mr. JOHN GEMMIL, Surgeon, in IRVINE; it is thus related: in the year 1731, he was called to a woman in labour, whose child was born as far as the *ossa innominata*: in which condition it had been four hours, a midwife eadeavouring, in the mean time, all she could to bring it away; he found no difficulty in putting his fingers round the child as far as the head of the *femur*; but by no means could deliver, till pushing his hand between the child's thighs, he felt something adhering to the child, through which he thrust his finger, and immediately a considerable quantity of water rushed out; after which there was no difficulty in bringing the child away: what he had pierced with his fingers, proved to be a bag larger than the child, which was of an ordinary size, formed by the skin, from the *os pubis* all round the *anus*:

this

this tumour was of the shape of a pear, the smaller part of it coming out from the *vulva* and *anus*; when he opened it, it was all composed of *membranous* divisions, full of water, which were disposed in such a way, as to make it resemble an orange or lemon; in the middle of it there was a hard fleshy substance: he adds, that he would have made a further examination, but was prevented by the women present.—In the Medical Commentaries, vol. 6. p. 443, Mr. WILLIAM SPIERS, Surgeon, of ARDEE, in the county of LOWTH, in IRELAND, has published a very singular case; wherein he was called by a midwife to the assistance of a poor woman; whom, as soon as he came to, he was solicited to try some method of delivery: she was somewhat exhausted by a flooding. and upon endeavouring to find out what was uncommon in her case, he discovered a large *tumour*, soft to the touch, and of a *longitudinal* form, covering the *os internum*: at first, he mistook the *tumour* for the membranes, and imagined the flooding to proceed from some mismanagement of the midwife; but, upon a more minute examination,

mination, to find out the source of the flooding, he discovered it to proceed from the *tumour*: he found also, that this *tumour* was divided, near its middle, by a pretty thick *membrane*, into two separate *sacs*: as the woman was in a weak and sinking state, he thought it the most eligible method to make an opening into the most remote *sac*, to allow its contents to be evacuated: this he accordingly effected with the nail of his fore finger, and let out a great quantity of putrid *coagulated* blood: in the interim the parts were frequently fomented with an emollient decoction, and in the intervals of the fomentation, a warm cloth was kept continually applied: two hours and a quarter after the blood was discharged, the membranes broke, and the waters came away; the child's head presented itself, but was strictly locked in the *pelvis*; he waited that evening, that night, and the next morning; and, at length, finding nature not sufficient to the task, and the woman in danger, made use of the forceps, and delivered the patient of a dead male child; which, from its livid appearance, seemed to have
been

been dead a considerable time in the womb: he informs us, that there was no laceration in the *perinæum*, nor incontinence in the urine; and the woman had a speedy and good recovery.—
 RUYSCH says, that he has sometimes observed *tumours* depending from the head in new-born infants, which have been more than equal in magnitude to the head itself; and remembers once to have seen such a *tumour*, even larger than the whole infant, by which the birth was rendered extremely difficult; but as the whole *tumour* was replete with nothing but humours, it could not absolutely prevent the birth: he adds, that he has sometimes found these *tumours*, not altogether *humoral*, but in part fleshy, and even in part *cartilaginous*. In regard to the limited state of the *uterus*, as mentioned in Dr. MACKENZIE's last Letters, we find LA MOTTE of a similar opinion; see his Treatise on MIDWIFERY, p. 208.

CASES CXXVII, and CXXVIII.

Both of which occurred to a Surgeon in this Neighbourhood; by whose Permission they appear in this Place.

HIS assistance was bespoke in the year, 1761, to attend the wife of GEORGE BALCOMB, of EAST MALLING. Early in the eighth month of her time he was called to her, and found that she had had some smart pains, attended with a flooding; both of which were now abated: he took away some blood from the arm, directed the patient to be kept cool and quiet, and chiefly in a recumbent posture; gave her an opiate as a palliative, and for the present left her: after which, she continued pretty well for a week, when the pains and hæmorrhage suddenly recurring,

ring, he was sent for to her again, and treated her in a similar manner as before, which again procured her relief for the present: and in this manner the pains and flooding remitted and recurred for several weeks, till, at length, he was called to attend, and found her in labour; she flooded a little, and had very smart pains: upon examination, the *os tinæ* was dilated to the breadth of a crown piece, and unfortunately the *placenta* adhered to its edges: as the woman appeared uncommonly drowsy, and listless, and an entire cessation of labour pains had taken place; and as he had never met with a similar presentation, he dreaded the consequence, and very prudently apprized the relations of the danger which he conceived the patient to be in, and advised them to send for a senior Practitioner from MAIDSTONE, who, at that time, made a great bustle, and had the *first name* in this branch of practice; when he arrived, the surgeon in waiting circumstantially related to him the case of his patient, who was then easy, asleep, and the flooding had stopped: he desired him, how-

ever, for his own satisfaction, that he would touch her, and give him his opinion; but, contrary to the gentle manner in which he expected him to proceed, without saying any thing to any one present, he, *sans ceremonie*, forced his hand up through the *vagina* quite into the *uterus*; the poor woman, under this hasty and inconsiderate treatment, screamed out in a most violent manner; but he proceeded in his rashness, and brought down one arm, *swearing, that he thought it had been a leg*: the other Gentleman of the profession expostulated with him on his conduct, immediately set about the reduction of the arm, and with all necessary propriety, soon turned, and delivered the child; but a syncope and difficult respiration came on, and the mother expired in half an hour after the delivery of the child, which was born dead.—The same Surgeon, who was first employed in the foregoing unfortunate business, was also in the following year retained in the case of Mrs. H——, wife to Mr. H——, an Apothecary of this town: when he was first consulted she was in the fifth month of her pregnancy,

nancy, and was seized with a flooding; for which, by way of revulsion, she lost blood from the arm, and took some internal astringent medicines; but, notwithstanding all he could do, the *hæmorrhage* remitted and recurred, the same as in the preceding case, till, at length, she approached to her full time, and her labour came on; he was sent for, and when he arrived, found that she had had strong pains, with a flooding, for some hours; and, upon touching her, he had the misfortune to find the *placenta* attached to, and covering the *os internum*: upon which, he pronounced the case full of danger, both to mother and child, and urged the necessity of consulting some other of the profession: accordingly, the same practitioner, who had been called in to his assistance in the last mentioned case, was again sent for; and, upon examination, declared it as his opinion, that the patient was in no danger at all, and would do very well; as the flooding was stopped, and there was no appearance of its returning again, and after advising the other Surgeon to wait pa-

tiently the event, he went away, promising to return, if sent for; but he had not been gone long, before the pains and flooding returned; and, by the desire of the Gentleman in waiting, a Physician, at ROCHESTER, was sent for; to whom he related the particulars of the case, and urged the expediency of immediate delivery, which he thought then practicable, and the only chance for preserving the lives of both mother and child; whilst the former was still able to bear the conflict; but it being objected to by the Physician, on account of the absence of the other Practitioner engaged in the case, he was sent for with all speed; but sensibly affected with the perilous state of the case before his arrival, my Correspondent thought it necessary to break through the *placenta* and *membranes*, and thereby give a descent to the waters: upon which the child descended head foremost into the inferior part of the *pelvis*, and the flooding stopped, and the pains continued; a crisis, which if improved by proper attempts to deliver, might probably have preserved the life of the patient; but it

was

was unfortunately prevented by the arrival of the other Surgeon, who again, peremptorily avowed, that in his opinion, the patient was still in a fair way, and ought not to be meddled with; upon which he went down stairs: and the Surgeon, who remained in the room, soon afterwards evidently perceiving the patient grow weaker, and the pulse to intermit, followed him, and expressed his fears of the case: upon which he again went up stairs, and upon seeing the patient, still adhered to his former sentiments; the futility of which was too obvious, for, in a few minutes after, the patient died, undelivered, and without any effort even to save the child; which was supposed to be dead, from the mother's having lost so much blood, and not having felt it move for many hours before she died. The Gentleman who was pre-engaged, is himself, of opinion, that the poor woman was absolutely lost by delay: and thinks, that as the child was low enough down in the *pelvis*, it might safely have been delivered, without any difficulty by the strait forceps. Vide case xxiv. vol. 1. and also, case cix. of this book. It will always be

found worthy the most serious observation of every Practitioner in MIDWIFERY, that whenever the *placenta* is attached over the *os tinæ*, the woman can never be free from danger till she is delivered. See SMELLIE, vol. iii. pages 141, 166, & 178.—The late ingenious and learned Dr. FOSTER considers the attachment of the *placenta* over the *os tinæ*, as one of the most dangerous occurrences in MIDWIFERY; and says, that when the *placenta* happens, as it not unfrequently does, to adhere to the *collum uteri*, if the edge comes only near, or close to the *os tinæ*, it generally occasions a flooding in the course of the labour; but when 'tis applied more or less over the womb, then a flooding must commence, as soon as this orifice opens, in the smallest degree; and as the womb is generally most and soonest distended, where the *placenta* adheres, this again brings about the earlier dilatation of the orifice; of course, therefore, a flooding, in this case, almost constantly precedes labour, even for several weeks, as it comes on without any evident cause, it is also wont to be profuse, and though not difficult to be stopped for a time, it is very certain to return;

turn; but sometimes it rather keeps a constant dripping, without profusion or interruption. As soon as the danger arising from the excess of the evacuation, or labour supervening, renders it necessary to feel the state of the parts, the case is to be more clearly distinguished by the touch; for the mouth of the womb being always more or less open, instead of the thin smooth *membranous* bag, yielding fluctuation, with the feel of some part of the *fœtus* soft clots of grumous blood, as in other floodings, first present to the touch; passing which, the soft, spongy, lobulated surface of the *placenta* is felt; and the greatest caution should be constantly used in touching; not to press strongly against it, lest it should be farther separated from the womb, and consequently increase the discharge. The case, says our Author, being thus discovered, requires the utmost attention: first, not to attempt the delivery too soon, before the *os tinæ* is dilatable, with sufficient ease; for, in that case, there is no doubt, that every fruitless effort to stretch the mouth of the womb, would endanger a farther separation; but as the flooding is the urgent symptom, let it
be

be treated with all the possible caution and care recommended in such cases, until the safety of the woman absolutely requires further aid. *Let the hand then be introduced, as in other cases, into the vagina ; let the point of the fore finger be passed gently through the mouth of the womb, and with the most easy, insinuating, rotatory motion ; let the placenta be perforated by it, particularly in one of the sulci between its lobes, if it can be found ; let the finger be then turned round, so as to dilate this hole for a second finger, which is next to be introduced as well through it as the os tinæ ; and let both these orifices be thus dilated by finger after finger, and made exactly of an equal size, until they admit the hand to pass entirely through them ; when the foetus is to be delivered by the feet, as in other flooding cases, only extracting it through this hole in the placenta ; or, perhaps, only through a rent in its edge or side, if a portion of it only extends across the orifice—by this easy perforation and laceration of the placenta, our Author has met with constant success in many very dangerous cases, and all the evil and most commonly fatal consequences*

quences of separating the *placenta*, in order to pass the hand through it and the womb, at some one side or other, as directed by other writers, been entirely avoided: for, the flooding, he says, has never been hereby perceptibly increased, whilst the *os tinæ* has been sufficiently dilated: nor has the loss of blood from the vessels of the *placenta*, in any instance, injured the *fœtus*, as perhaps might have been expected. See a new Method of treating *uterine hæmorrhages* after delivery, by M. SAXTORPH, M. D. (from the *Acta Havniensia*, vol. ii.) wherein the attachment of the *placenta* to the anterior and other parts of the *uterus*, is remarked with much precision and practical observation.

CASE

C A S E CXXIX.

I N the year 1775, I received a message from a midwife, desiring my assistance in the case of a woman, at MEREWORTH; she was pretty well advanced in years, and in labour of her first child; the case had been very tedious and lingering; the waters had been gone off two days, and the first stage of the labour might be said to be compleatly finished; the labour pains had been very severe, but had totally subsided for the last eight hours; the pulse, the countenance, and general appearances of the patient, indicated extreme debility: upon examination, the *os externum* was uncommonly callous and rigid, the head presenting with the *vertex*; it was pretty well come down in the *pelvis*, with the forehead to the *sacrum*, and an ear to each *ilium*; the
bones

bones of the *cranium* felt extremely hard; considering the length and severity of the labour, and the space which had elapsed from the entrance of the head into the *pelvis*, as well as the debilitated state of the patient; every circumstance decided upon the propriety of using the forceps: but having suffered much in my health, from the fatigue which I had undergone a few days before, and fearful of the consequences, as the patient was reduced to so low an ebb, and the rigidity of the external parts being so great, as to threaten a dangerous laceration: in case of exertions to deliver, I desired another practitioner might be sent for, which was complied with: in the mean time I recruited the patient's strength with proper nourishment, and gave her every consolatory encouragement in my power: upon the arrival of the Surgeon I sent to, we immediately united our efforts in the use of the forceps; the woman being laid upon her back, and the circumference of the *pudenda* well lubricated with pomatum, and the forceps being firmly fixed on the head, we imitated, in the most gentle manner, the force of the natural labour, ob-

serving

serving the necessary intervals of rest, brought the head through the *pelvis*; and in bringing it through the *os externum*, to prevent the laceration of the *perinæum*, counteracted our own exertions, with a hand carefully applied to support the *perinæum*: at this crisis the woman had a fainting fit; during which, the head was extracted, the forceps removed, and little or no difficulty attended the extraction of the body; the child laid some time without breathing, but, at length, shewed some signs of life, and survived, though, in a languishing condition, till the morning of the fourth day; the *placenta* came away spontaneously in about an hour after the birth of the child; the mother soon recovered from the fit, and by proper care was gradually restored to her wonted strength. It is but candid, however, to acknowledge, that notwithstanding our utmost deliberation and care, during the operation, yet, we were so unfortunate as to lacerate the *fourchette*; which, on account of the extraordinary rigidity of the parts were, perhaps, unavoidable: the injury, however, was not so great as to require

quire a *future*, and was cured in twelve days by fomentations, and proper dressings. This woman has since borne several children, without suffering the least inconveniency in the birth of either of them, except with the last; when, I am informed, the arm was found to present; and after it was replaced, endeavours were ineffectually made to get at the feet, to turn the child, the patient was thereupon left to herself, and delivered in a few hours by the labour pains, of a live child, without any assistance whatever: a case, in many respects similar to this, we find related by Dr. SCHOENHEIDER, in the *Acta Societatis Medicæ Havniensis*, vol. ii. artic. 23.

CASE

C A S E CXXX.

IN about three months after the foregoing Case, I was called in by a Surgeon, to assist him in the delivery of MARY SAMPSON, a young woman, of a lax habit, and small stature; she had been in labour many hours: on the rupture of the *membranes*, the lower extremities both presented; and the Gentleman not being willing, as it was her first child, and she was a weakly woman, to risk his reputation on the event of the case, had advised my being sent for, which was done: as the pains were strong and frequent, we advised an emollient clyster to empty the *rectum*, and imagined, the delivery might, in great measure, be effected by the force of labour; a very small quantity of water had been evacuated; the feet were very distinctly to be felt in the *vagi-*

na, and soon advanced without the *os externum*, but then made no farther progress; the pains became more moderate in their force, and thinking it proper to lend the child some assistance, we proceeded so to do till the breech had descended to the external orifice, and now again the pains increasing in duration and frequency, we expected the *fœtus*, which was very large, would have been expelled by their force alone; but after many very violent pains, it did not advance in the least; a large evacuation of the *mæconium* ensued, and as the *umbilical chord* was now within the brim of the *pelvis*, and we imagined the life of the child in danger, particularly from the pressure it might sustain from the head, we wrapped a dry linen cloth round its thighs, and taking firm hold, made use of a proper degree of pulling force, and with some difficulty delivered to the shoulders; here we had a considerable stop, and not without much trouble brought down the arms; but the head, for some time, resisted every attempt we could make to deliver it; and stuck fast at the bottom of the *pel-*

vis, towards the arch of the *pubes*; we therefore changed the woman's posture, from her back to her side, and fearing a material injury might be done the under jaw, used but little exertion on that part; and after many trials with the fingers, placed on each side the nose, and on the neck and shoulders, taking all possible care to guard the *perinæum*, at length delivered the head; but the child was still born. We imputed the difficulty of delivering the body, to its being too large, in proportion to the *pelvis*; and that which we found in delivering the head, to its particular structure, as it was almost one entire ossification; the *perinæum* was slightly lacerated, but healed in a few days without *suture*; a difficulty of urine, and going to stool, attended the patient for some weeks after her delivery; and she recovered her strength but very slowly: altho' she had no extraordinary trouble in her two succeeding labours, a *pulmonary phthisis* ensued, which terminated fatally.

C A S E CXXXI.

I^N APRIL, 1764, I was called by a midwife, to deliver the *placenta* in a woman at LUDSDOWN, who had gone her full time, and been brought to-bed three hours; she flooded violently; and upon examination, I felt part of the *placenta* without side the *os internum*; which contracted the remaining part, to such a degree, that, notwithstanding the *hæmorrhage* might have been supposed to have rendered the parts less resistible, I could not pass my fingers above that part of it which presented; and therefore extracted as much of it as I could conveniently reach, and as the flooding did not increase, administered an opiate, and left the rest to Nature; which finished the business, by the total exclusion of the retained parts of the *placenta* in a few hours after, and the woman gradually recovered.

C A S E CXXXII.

M—Y H—L was delivered FEBRUARY 1, 1766; she had an easy natural labour, and was brought to-bed of the child by herself; but a midwife being sent for about an hour afterwards, she tried to deliver the *placenta* by pulling hard at the string, which soon separated and came away: in this dilemma I was sent for, and used every gentle means in my power to bring down the *placenta*; but they were ineffectual: the next day I tried again, and was equally unsuccessful: on the following day, her friends being very uneasy, I made a third trial; but with no better success: the patient, all this time, was not in the least ill, except now and then, that she complained of sickness and nausea: on the fourth day the *placenta* came away of itself, as she was using the
chamber

chamber pot, and had not the least offensive smell; she was a healthy young woman, had borne five children: in her first labour, at the age of fifteen, she underwent much severity and pain for three days and nights successively; and was at length delivered of a dead child, with the crotchet, by an eminent MAN-MIDWIFE, in the BOROUGH; but in all her labours, except this, the *placenta* had always separated with great facility.—AUGUST, 1777, having gone her full time, in her eighth pregnancy, she was suddenly attacked with labour pains, and delivered before any assistance could be procured. From the large size of the child, its birth was attended with a laceration of the *perinæum*, which extended to the *vagina*: and, although every common relief was tried, I understand a gangrene ensued, and the parts still remain in a *fistulous* state, beyond the possibility of relief.

C A S E CXXXIII.

ABOUT seven in the evening of AUGUST, 13, 1769, at the desire of her husband, I visited a young woman, who had been suddenly seized with labour pains, and delivered of Twins before he set off for me: I was with her in little more than an hour after her delivery, and found both the *placenta's* unexcluded; after separating each of the strings, and securing them in the usual manner; I found one of the *placenta's* in the *vagina*, and taking hold of its edge with my finger and thumb, very easily delivered it; but the other appeared firmly and immoveably detained by the contraction of the *os uteri*; the mother of the patient expressed much apprehension and terror at this circumstance; but as I found no very urgent symptoms of distress, I withstood all her remonstrances,

stances, and left the patient under the peaceful influence of an opiate, not doubting but the separation would be safely effected by the spontaneous contractions of the *uterus*; but this not being satisfactory to her mother, another Practitioner was called in to the patient; who likewise finding the *os internum* firmly contracted, no flooding, or other bad symptom likely to supervene, very judiciously declined making use of force: although any violence he might have offered for the extraction of the remaining *placenta* would have been held in a pardonable light by this prejudiced and ignorant woman, who harassed him exceedingly with her importunities; the patient was delivered on the evening of the third day, after her delivery of the retained *placenta*, by the slow and silent efforts of nature, without suffering any one degree of inconvenience whatever, except a slight *nausea*, which I believe almost invariably arises from the unusual protraction of the *placenta*: it was the more remarkable, that so strong a con-

traction of the *uterus* should take place in this instance, as the patient was naturally of a lax habit, and had always been subject to profuse, *painful*, and frequent menstruations: insomuch, that I have been often consulted, and been obliged to assist her with tonics, styptics, and opiates. Speaking of *painful menstruation*, Mr. HAMILTON observes, that it chiefly happens to women of a delicate nervous habit, and to women of fashion; and, that those of a lower class, who are inured to hard labour, are seldom observed to suffer at these times, unless from a diseased state of the *uterus*. In Cases of this sort, he recommends half a grain, or a grain of opium, to be taken evening and morning till the *menstrual* period is over; the binding quality of the opiate is to be counteracted by the use of gentle laxatives or clysters: he adds, however, that these indulgencies should be allowed only upon emergencies, as they are with difficulty left off.

C A S E CXXXIV.

ON DECEMBER, the 22d, 1770, I was called to a woman who had been delivered many hours; and the midwife informed me, that she had used all her endeavours to bring away the after-burthen, but it was entirely out of her power; and, that the last time of her trying, by pulling rather too forcibly at the *funis*, it had given way, and broke off: upon examination, I found the *os internum* so much contracted, that it would have been both dangerous and difficult to have introduced the hand; and as there was no very urgent symptoms, I rather chose to administer an opiate for the present, and submit the business to nature: on the following day I called on her again, found she had passed a very easy night, and

and on examining, perceived the internal orifice less rigid and more dilated, and the edge of the *placenta* protruding through it, when I assured her of her safety; and, that it was a case, in which nature of herself would succeed, prescribed her another opiate in the evening, and before the next morning the *placenta* was expelled in her sleep. On the sixth day after her delivery she was seized with a *diarrhœa*, which for many days proved obstinate; but at length gave way, and was subdued by the power of *opium*, given to the quantity of four grains a day; and her recovery was attended with no other impediment.

C A S E CXXXV.

I N the course of the following month, about nine o'clock in the evening, I was desired to go to the Wife of a Brickmaker; where the midwife, by having too hastily pulled at the *chord*, had entirely ruptured it from the *placenta*; I insinuated my hand, properly lubricated, as she laid on her side, and found part of the *placenta* protruded into the *vagina*; the presenting portion was much torn, and came away easily; but the *uterus* was so strongly contracted about the remaining part, that as there appeared no immediate necessity for forcible dilatation, I judged it most proper to administer an opiate, and leave the decision to nature; the woman was of a remarkably strong constitution; she rested pretty well all that night and the following day; but the next night she was suddenly seized

seized with nausea and vomiting, upon which my attendance was again required; but before I arrived her sickness had abated, and she told me, that a few moments before she had suddenly felt something come away from her; which, upon examination, we were well pleased to find the residue of the *placenta*; and the woman afterwards recovered, without any material interruption: she has since had several easy and natural labours, and in every one the *placenta* has been always expelled, without any trouble, in a few minutes after the delivery of the children.

C A S E CXXXVI.

ON NOVEMBER the 1st, 1771, a poor woman, who wanted two months of her reckoning, was suddenly seized with violent pains, and forcing downwards; she sent for a midwife, who soon delivered the child; but in attempting to obtain the *placenta* had ruptured the string, and left the *placenta* behind: after waiting about six hours, and finding the after-pains insufficient to procure the discharge, I was sent for, and found the woman under much distress of mind, and flooding copiously: I thereupon took the advantage of her position, and the *os internum* being sufficiently open, introduced my hand into the *uterus*, and as the *placenta* was altogether detached, cautiously brought it down, and extracted it whole; the flooding soon after
stopped,

stopped, and the woman had a very slow recovery. About two years after this the same woman was taken in labour at her full time, and delivered by a midwife of a very stout child; but there was again a retention of the *placenta*; which, I am well informed by the Gentleman who attended her throughout the whole case, did not come away till the thirteenth day after her delivery, and then in a very fetid and highly putrid state; the patient, the whole time, was more or less harrassed with sickness at the stomach, anxiety at the *præcordia*, and griping in the belly; her pulse was remarkably hard and full, she had frequent flushings in her face; was often delirious; and died of a putrid fever and flux on the twentieth day after her delivery.

C A S E CXXXVII.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

AUGUST 31, 1771.

“ DEAR SIR,

“ **E**LIZABETH MIDDLETON

“ miscarried in the seventh month of her preg-
 “ nancy; in two hours after which I was called
 “ to her: endeavours had been used to disengage
 “ the *placenta*, but without success; and in these
 “ attempts the *funis* was ruptured, and torn away;
 “ she had flooded from the first, and the *hæmor-*
 “ *rhage* being now increased to a very dangerous
 “ degree, I endeavoured by the most gradual
 “ dilatation to introduce my hand into the *ute-*
 “ *rus*;

“ *rus*; but, to my astonishment, found that it
 “ was constricted in the middle like a *sand*
 “ *glass*, and obstinately resisted every attempt
 “ which I could make to that purpose; the *hæ-*
 “ *morrhage* continued; cold sweats; convulsions;
 “ and *deliria* supervened; and the poor woman
 “ died in less than half an hour after I came into
 “ the room. Your opinion of this fatal event, will
 “ be esteemed a fresh obligation conferred on,

“ Yours, &c.”

THE ANSWER.

“ DEAR SIR,

“ **A**S a flooding preceded the de-
 “ livery, dangerous consequences might have been
 “ expected from forcibly extracting the *placenta*; it
 “ was a precipitate measure, by which the *hæmor-*
 “ *rhage* most probably was much increased: in such
 “ cases

" cases, I have often allowed an hour, some-
 " times an hour and a half, and without the
 " symptoms are urgent, this will always be found
 " the safest way. It is an idle prejudice, which
 " obtains in respect to the retention of the *pla-*
 " *centa*: in most cases, it is much safer, that it
 " should entirely be left to nature, than to risque
 " the dangers which attends its forcible extraction;
 " and yet it is often very disagreeable to submit
 " its exclusion to nature; but it must be remem-
 " bered, that in great force, there is more than
 " proportionable danger of doing injury to the
 " *uterus*: the medium between these two ex-
 " tremes, if any, will perhaps be found the best
 " guide to our practice.

" I am, &c.

" P. S. The constriction of the *uterus* was a
 " most singular occurrence indeed. In prema-
 " ture births, great difficulty often attends the
 " exclusion of the *placenta*. Was your patient un-
 Vol. II. D d " healthy

“ healthy during gestation? And I should be glad
“ to know if her labour was hasty, or slow and
“ lingering?”—To which I replied: “ That
“ she was naturally subject to hysteric affec-
“ tions; had been very sickly and bad through-
“ out the whole of her pregnancy; and had a
“ very quick labour.”

C A S E CXXXVIII.

A POOR unhappy woman was taken in labour of her fourth child, in the workhouse of this town, on the second of SEPTEMBER, 1775; the case was uncommonly slow and tedious; for after the *membranes* had broke, and the head was advanced into the middle of the *pelvis*, she underwent a series of sharp pains, for several hours, before it was delivered: after waiting near an hour for the separation of the *placenta*, I made use of some little pulling force at the *funis*; but as there were no signs of its discharge, I introduced my finger along the *funis* to the *os internum*; which was so strongly contracted as not to admit the point of my finger, and the *uterus* had shrunk itself into the form of a pouch: not choosing to make use of any violent efforts, as there appear-

ed no immediate danger, I administered an opiate, and left the *placenta*, in hopes that nature would bring about its delivery, with less danger, than might attend a manual extraction; the patient slept well that night; but the next day I was hastily called to her, and found her flooding violently; there now seemed an absolute necessity of bringing away the *placenta*, and, as she had a pendulous belly, I placed her on her knees for that purpose; and by the direction of the *chord* easily found the *os internum*, which was more relaxed, and I gradually dilated it; first, by introducing one finger, than another, and so on, till my whole hand had got admission into the *uterus*: I passed several *coagula* of blood, and found the *placenta* strongly adhering to the *fundus uteri*: I moved my fingers round the *placenta*, and endeavoured to detach it as gently as possible; but it was so very tender, that it broke away from the touch, and, upon withdrawing my hand, I was only able to bring away so much of it as I could grasp between my fingers: I was about to
make

make another attempt; but the woman was seized with convulsions, and before any thing more could be done, the pulse sunk, cold sweats came on, and she expired. In this case, even those who are advocates for introducing the hand, to bring away the *placenta* as soon as the child is delivered, must, I think, have been equally unsuccessful; for, although it might have been possible to have made way for the hand by forcible dilatation, from the strong adhesion of the *placenta* to the *fundus uteri*, and its tender texture, it is most probable, the case would then have proved fatal.

C A S E CXXXIX.

IN JUNE, 1780, I was called to the wife of RICHARD WOODEN, of this place; she was near forty years of age, and in labour of her sixth child; the *membranes* and waters opened the *os uteri* in a very flow manner; at length, the pains forced them down lower and lower, till the *membranes* gave way, and the head was delivered; I was obliged to have recourse to some degree of strength in bringing along the shoulders, but had no farther difficulty with the child; after waiting more than an hour for the separation of the *placenta*, in time of a pain I began to make use of a little pulling force, but without the desired effect: upon examining into the state of the *os internum*, I found it contracted into so small a space, that it was really surprizing how it could
happen

happen so soon, after having undergone such great extension; as no urgent symptoms appeared, I thought it best to give the patient an opiate, and leave the separation of the *placenta* to the spontaneous contractions of the *uterus*; she passed a pretty good night; but as I was much importuned to make the extraction of the *placenta*, I made some efforts to that purpose, but to no effect; for the *os internum* remained so closely contracted, that it would have been both difficult and dangerous to have attempted the dilatation of it: on the fourth day I made another essay, but to no better purpose than before: on the sixth day the *funis* came away in a putrid state; the *os internum* was still closely contracted: on the seventh, the poor woman was seized with rigours and delirium; she had a clyster in the evening, and proper medicines prescribed, but her stomach rejected both food and medicine; she was convulsed and restless all through the night; the pulse was weak and quick; she was attacked with a *subfultus*: on the eighth day a

singultus and *syncope* came on; the pulse was almost imperceptibly low; soon lost in a tremulous flutter; and the patient died with the *secundines* totally unexcluded.

C A S E CXL.

SOON after the above Case, I was sent for by a Surgeon who was attending a woman in labour of her third child; the *os tincæ*, he acquainted me, had opened in a slow and gradual manner, and the delivery had been easy and natural; but it was now full two hours since the birth of the child, and the *placenta* was so immovably fast, that he had no doubt of its adhesion to some part of the *uterus*; he had several times tried the common methods of pulling at the *funiculus*, and directing the patient to bear down; but all in vain! and the patient beginning to flood, he desired I might be called in: it was but right to acknowledge the propriety with which this Gentleman had conducted the labour; and as the patient had a pendulous belly, I recommended

mended her position to be on her back, with her breech somewhat elevated above her shoulders, and gently introducing my hand into the *uterus*, found the *placenta* slightly adhering to its forepart; I easily separated it from its adhesion with my fingers, and soon effected the total extraction of it; the flooding, which had been only incipient, soon stopped, and the woman had a pretty good recovery.—MAURICEAU, in his directions to extract the *placenta* when the string is broke, mentions a Case, wherein the midwife pulled the womb near the inner orifice, instead of the burthen, which was behind: but when she perceived all her endeavours vain, not without making the poor woman suffer extremely, she yielded her up to him, confessing her incapacity: although she had vaunted before, that she was more skilful in her art than any Surgeon; by which it seems, says the Translator of our Author, that midwives, in other countries, as well as some in ENGLAND, have this pernicious vanity: He also gives us another Case, wherein he was called to a poor woman, whom he helped

three

three days after she was delivered, being half gone, and attended by a Midwife; he found the patient in continual pain all over her belly, which held her like throes of another travail, voiding black humours, extremely stinking and offensive; with which she had also great pain in her head, and a fever; which, in a short time, he says, would, without doubt, have augmented, if he had not presently fetched away what remained; wherefore, having enquired of the persons present in the chamber, how she was delivered, and when; he was informed, not yet three whole days; but, that the Midwife not being able to fetch all, did only bring away some small pieces of the burthen; and told them, that they need not be troubled at what remained; persuading them that it would come away of itself, and that nothing more was needful but patience: Our Author observes, that the Midwife was not so much to be blamed, for not having delivered this woman, as she was in not acquainting her, that she needed more help, when she found that it was beyond her skill: after this information, having passed

two of his fingers into the *vagina*, he found the *os internum* almost quite closed: into which, however, he got his fore finger, and by moving it to and again, without taking it away, dilated it so as to introduce another finger; with which two alone, being not able to get in the rest, he brought away three pieces of the after-birth, of the bigness of a walnut, which were left behind, taking them one after the other with his two fingers, as crabs do when they gripe any thing with one of their forked claws; by which means, in a small time, he totally delivered the woman; who, immediately after, felt no more pain, and soon recovered. Vide DIONIS, chap. 5. and DAVENTER, chap. 28.—CHAPMAN gives the case of a woman, he once delivered; where one child was born by the natural pains, and the *placenta* would very easily have followed, had he not passed up his hand to prevent the *uterus* from closing, and thereby discovered an emaciated child, and its distinct *placenta*, which he found, and immediately brought away; without which assistance, he observes, she would, in all probability,

bility, have been put to rest with an emaciated child in her womb: to the same author, we are also obliged for the case of an after-birth retained, and extracted five days after delivery; the string had been broke off by the attempts of the Midwife; he found the mouth of the womb so much contracted, as but just to allow of two fingers: but, by degrees, he introduced a third, and at length his whole hand; he then perceived that the *placenta* adhered to the *uterus*, in its whole breadth; which was the reason there had been no flooding, and but few of the *lochia*, which retention had caused a very unkind sort of a fever: he separated the *placenta* from the *uterus* gently with his fingers, and so brought it away with his hand; and, by proper medicines and care, the woman recovered beyond all hopes: In another case, the patient was so nearly exhausted, that he expected her every moment to expire; yet he went up into the *uterus* by the direction of the string, and separated the remaining part of the burthen, and brought it away; which done, the flooding soon stopped, yet she remained in a doubtful state, as

to

to life or death; but by proper cordials, and a regimen, after some time, the patient recovered her health and spirits.—Giffard has the following Cases of retained *placenta*. In Case xxiii. after having performed the delivery with his extractor, he found the *placenta* adhering to the *uterus*; which he gently divided with the ends of his fingers, and delivered it. In xxxi. the child was born, and the *placenta* left behind; the Midwife had, in vain, made many attempts to deliver it; and as the *fetus* had been long born, he thought no more time ought to be lost; and therefore immediately passed up one hand (with the other taking hold of the string below, which still remained fixt to the *placenta*) and found part of the burthen much torn, and protruded out of the *uterus* into the *vagina*; but the greater part remaining in the *uterus*, the inner orifice was so much contracted, that at first he could scarce put up the ends of his two fore-fingers; but, after some time, he dilated it so much, that he was able to pass his hand, and separate it with the ends of his fingers, and, at length, he

he brought it out. In xxxiv. he was called to a woman, where the child was born, but the *placenta* was left behind, the Midwife not being able to fetch it: the *vagina* was filled with clots of blood, which he immediately brought away, and then passed his hand to the *os internum*, which he found much contracted: in endeavouring to draw out the *placenta* with the string, he found it stuck to the *uterus*; he therefore passed his hand up within the *vagina*, gently dilating the *os internum*; and then, with the ends of his fingers, separated the *placenta* (taking care not to hurt the womb with his nails, or ends of his fingers) and brought it away; but as the burthen was in part separated from the *uterus* before he came, a large quantity of blood was extravasated in the *vagina* and womb, by which the poor woman was become very faint: however, by the use of proper cordials, the complaint went off, and she recovered very fast. In lxxii. the child was born half an hour before he was sent for, and the Midwife was not able to extract the *placenta*; which, upon passing his hand,

hand, he found, in part, separated from the womb, and lying against the *os internum*, and the other part adhering; the *os internum* was much contracted, which gave him some difficulty in bringing away the *placenta*; the patient was so weak and low, he was afraid she would have died before he could have finished his work, she having lost a great quantity of blood, occasioned by the separation of the *placenta*, and its remaining in the *uterus*: as soon as the after-burthen was brought away, the flooding stopped, the womb immediately contracting itself; by which the mouths of the vessels were so compressed that the blood could not pass through them, and by proper care afterwards the patient was saved. In lxxiv. the woman had been delivered of two children, the one about twelve o'clock that day, and the other about two hours before he was sent for; he found the woman very weak, and her pulse low from a great loss of blood; he immediately took hold of the strings of both the burthens, and twisting them about the fingers of one hand, passed up the other to the in-

ner orifice, which was so much contracted, that he could not readily get it in; but having dilated the *os internum* with his fingers, in a short time he passed up his whole hand, and found one *placenta* closely adhering to the *uterus*, which he gently separated with the ends of his fingers, and drawing it forwards, it came away: he went in search of the other *placenta*, and finding it stuck like the former, he took the same method, and readily brought that away, her flooding immediately stopped; but from her great loss of blood she was very faint, and swooned away several times: however, in less than an hour, her pulse began to beat strong again, and she gradually recovered. In lxxv. about three days before he was called to deliver the woman last mentioned, the *placenta* was left, a woman had been delivered of one child; but she was so weak, that he was afraid she would have expired before he could have done his work; for her pulse was so low, that he could not perceive the least motion or vibration; she had cold clammy sweats, and several *syncope*s;

so, that he expected her death every moment, of which he acquainted her husband, and others, present. The business being wholly left to his conduct, he knew of no other alternative, than to immediately bring away the *placenta*, and accordingly passed his hand through the *vagina* into the *uterus*; where he found it, partly separated, and partly adhering; he therefore separated it in the usual manner, and brought it all away with the *membranes*; the flooding stopped, yet she remained in a doubtful state, as to life or death, for, at least, two hours, often fainting away; she had cold sweats, very little or no pulse, and very great restlessness; so, that he was again apprehensive that she would have died every moment; he ordered her wine and other cordials, till the pulse began to rise; the cold sweats went off, and her extreme parts became warm again: after which she gradually recovered her strength and spirit. In Case lxxix. the *placenta* was left behind, after the delivery, about an hour and a half before he came; the *os internum* was contracted about the burthen; he dilated

lated it in a short time, and brought away the *placenta*; but, notwithstanding all his care afterwards, the patient lived but till the next morning two o'clock. In the same year, he visited a patient, whose *placenta* was left behind in the womb after delivery, and found it had been retained some hours; whereupon he passed up his hand into the *vagina*, and found it in part protruded into it, and passing his hand forward through the *os internum* and *uterus*, to examine if it adhered to the latter, he found it loose, and soon brought it away. In Case lxxxviii. the child was born; and the Midwife, upon endeavouring to fetch the *placenta*, had pulled the string too rudely, and broke it off; from whence, and the *placenta's* remaining in the *uterus*, a large flooding ensued; so, that when he came, the poor woman was very weak, and laboured under cold sweats and faintings; he, therefore, immediately passed up his hand into the *vagina*, and found part of the burthen protruded into, and lying, in the passage; the inner orifice was kept open, and the *uterus* somewhat distended, by the *pla-*

centa; he took hold of the part of it which protruded, and drew it gently towards him; but finding it stuck above, he passed his hand up to the inner orifice, and somewhat dilated it; by which he disengaged the *placenta*, and immediately brought it all away. In Case xci. the child was born, and the *placenta* left; the string and *membranes* were so contracted together, that they seemed to be another string; he passed his hand into the *vagina*, and found the *placenta*, in part, protruded into it, and with little difficulty soon brought it away whole. In his next Case, he found the *placenta* left in the *uterus*, and the string torn away; the *os internum* was very much closed and contracted, so that he could not readily pass his hand beyond it into the *uterus*; which was so collapsed and contracted, that when he got his hand in, he could not readily move it; he endeavoured to take hold of the *placenta*, but it tore; and not being able to get it whole, for fear of injuring the womb, he thought it most adviseable to leave its remains to nature. In Case cvi. he delivered the child with his extractor; the *placenta* stuck, and
 he

he was obliged to pass his hand up to the very bottom of the womb, and separate it with the ends of his fingers, before he could obtain it. In cvii. the Midwife had brought forth the child, but, by pulling too rudely, had broke the string off near to the *placenta*; he, with much difficulty, dilated the *os internum*, and found the *placenta* closely adhering to the *fundus uteri*; he endeavoured at a separation; but, as in the former case, could do no more, than bring a part of it by piece-meal, and the remnants of it were obliged to be submitted to the cleansings. In cix. the *placenta* was left after the miscarriage of a *fœtus*, about five months old; the string, which was small and tender, had been broke off by the Midwife; the woman flooded, and he found the *placenta*, in part protruded out of the *os internum*, and stopping up the same; he took hold of the protruding parts between his fingers, and drew it gently outwards; by which method, the part remaining in the womb, and which stopped up the *os in-*

ternum, readily followed, and the flooding stopped. Case cxiii. contains an account of a delivery of three children, and the after-burthens left behind: in her endeavours to extract them, the Midwife had broke off two of the strings, and had left the woman in this condition: another Midwife was sent for; but she would not attempt the bringing them away, fearing the poor woman should die and her death be laid at her door; so, that when he came he found the woman in the agonies of death, and flooding very fast: finding the burthen partly protruded into the *vagina*, he immediately brought it out, and cleared the womb of all the clods of extravasated blood; upon which the flooding stopped; but the poor woman's blood and spirits were so much exhausted before, that she expired in less than an hour afterwards. Case cxix. here the *placenta* was left, and adhered closely to the *fundus uteri*; he strove to loosen it with the ends of his fingers, beginning at that part where it adhered least; yet, after much pains and trouble could only bring it by piecemeals, it
 adhered

adhered so strongly to the *uterus*, and, at last, some small remains were left; which he judged to be of much less danger, than tearing or hurting the *uterus* with the ends of his nails: observing, that in the first case, the remains generally come away with the cleansings; but in the latter, great pain, inflammations, or other bad consequences ensue. Case cxxiv. here the *placenta* was left in the *uterus*; the patient was in a flooding state, and ready to faint away; he found the *placenta* sunk down, and lying against the *os internum*, which was much contracted: however he introduced his fingers beyond the *placenta* into the womb, brought it away, and in a short time the flooding stopped. In cxxvii. the *placenta* was left, and the *funis umbilicalis* broke off; he passed his hand through the *os internum*, which was much contracted, and found the *placenta* so closely adhering to the womb, that he was at last obliged to bring it away piecemeal, and, at length, forced to leave some remnants; which adhered so very closely to the *uterus*, that he could not remove them without danger of

hurting the womb; and they afterwards came away, without any great trouble, with the cleanings: In the following instance he was sent for, to deliver an after-birth, which had been left half an hour by the Midwife; the woman flooded very much, and he succeeded in the delivery by passing his hand through the *os internum*, which was much contracted, and bringing away the *placenta*. In Case cxxxiv. the Midwife had delivered the child about half an hour before he came, but could not bring the *placenta*; she had pulled by the ends of the string which hung out, and so had very nearly broke it close off to the *placenta*; for, upon his pulling it very gently, it broke, and came away; the woman had lost a large quantity of blood: he immediately passed his hand up to the *os internum*, which he found much contracted, and closely embracing part of the *placenta*, which was forced down below it; but the much larger part remained in the *uterus*, which he had some difficulty to get his hand into, to examine whether it adhered, and to get his fingers beyond

it to the *fundus*; which, when he had effected, he separated it where it stuck, and drew it out with his hand; whereupon the flooding immediately stopped. Case cxxxviii. here he found the *placenta* wholly separated from the *uterus*, and partly protruded without the *os tinæ* into the *vagina*, which was closely contracted around it; and he brought it away in half a minute's time, to the surprize of the by-standers; as the Midwife had before made many trials to that purpose, without any effect at all. In Case cxlviii. the child was born, and part of the *placenta* brought away, and part remained in the *uterus*; he passed up one hand into the *vagina*, which he found wholly stopped up with clots of blood, which he removed, and then passed his hand almost to the *fundus*, and there met with the remainder of the *placenta*; which was closely compressed with the *uterus*: on his first endeavour it broke in his hand, he therefore pass'd his hand to the uppermost part of it, where he found it wholly loosened from the *fundus uteri*; but the *uterus* was closely contracted about it,

which

which was the only cause of its being retained; and passing his fingers between the *placenta* and the *fundus uteri*, he readily brought it into his hand, and drew it all out. In clvi. the child was born, but the Midwife could not bring the *placenta* away; he therefore immediately passed up his hand into the *vagina*, and found the *os internum* very much contracted; the child being protruded about an hour before, he had some difficulty to dilate it again, to pass his hand, and fetch the *placenta*; but, at length, he effected it, and brought it out with the *membranes*, which before contained the child. In clxxv. upon being sent for, in this case, to deliver the *placenta*, he found, that in the Midwife's attempting to fetch the *placenta*, she had broke the string: upon touching, he found one end of it hanging out beyond the *labia*; and, as he was not before told that the string was broke away, he took hold of the end that hanged out, designing to pass his hand by that direction into the *uterus*; but he found that it came readily away, and soon perceived what the Midwife had been about; she
had

had thrust up the *funis umbilicalis* into the *vagina*, in hopes that he would have pulled at it immediately, and so should have concluded that he himself had broke it: he rebuked her for her designed imposition, and after much difficulty, the *os internum* and the *uterus* being much contracted, passed up his hand, and brought away the *placenta*; whereupon the flooding, which before attended the woman, soon stopped. Case clxxvi. here the child was born about an hour before he came, and the Midwife, in attempting to bring away the *placenta*, had inverted the *uterus*, with the *placenta* adhering to the *fundus*, hanging out beyond the *labia*; there was a great profusion of blood, and the woman was dead before he came. In clxxx. the child was born; but the Midwife, in pulling the navel string too rudely, had broke it off near to the *placenta*, which was left in the womb: as soon as he came to her, he passed his hand up into the *vagina*, where he found the *placenta* entirely separated from the *uterus*, and partly protruded into the *vagina*: so, that he readily brought it away, and

in

in so short a time, that the people that were present were greatly surprized. In Case cxciv. he was sent for about two o'clock in the morning to a woman; where the Midwife, after she had brought forth the child, in attempting to pull away the *placenta*, had broke off the string near to it: he immediately passed up his hand into the *vagina*; where he found one part of the *placenta* protruded beyond the *os internum* (the whole was entirely separated from the *uterus*;) but the other part of it was retained by the contraction of the *os internum* and the *uterus*; the woman had lost a large quantity of blood by the burden's being separated from the womb; he therefore took hold of it between his four fingers and thumb, and immediately drew it out, together with the *membranes*; upon which the flooding soon stopped. Case ccvii. here the Midwife had delivered the child; but not being able to obtain the *placenta*, after many endeavours left the woman, telling her it would come away of itself; and, that she had known it retained fourteen days without any inconveniency; but as this was a doctrine our
author.

author was a stranger to, he immediately passed the two fore fingers of his left hand into the *vagina*, where he met with part of the *placenta* protruded beyond the *os internum*, and sunk into the *vagina*; and as the *funis* was not broke off, by the direction of that he passed two fore fingers of one hand up to the *placenta*, and by their help, and gently pulling at the chord with his other hand, it readily came away whole, with the *membranes*. In his last Case of this kind; the Midwife had delivered the child; but by pulling too rudely at the string had broke it off close to the *placenta*; which she could not bring away, although she had tried, for, at least, an hour: upon passing up his hand, he found part of the *placenta* protruded into the *vagina*, and the *os internum* closely contracted about the other part of it: and the part protruded was tore, and almost separated from the other, so that it came away upon taking hold of it; this he drew out, and repassed his hand, and endeavoured to dilate the *os internum*, and bring away the remainder, with the *membranes* and coagulated blood;

but,

but, notwithstanding all his endeavours, he was obliged to leave some small part of it. Vide PORTAL, Obs. 14. 47. 53. & 65.—LA MOTTE presents us with two Cases, where the women were delivered by themselves, and remained some hours in that state, with the *placenta's* undelivered, without receiving any injury from their detention. He also mentions a certain Countess, who was brought to-bed above two hours before he could come to her: he found the child still holding by the string, the *placenta* not being detached, and the circulation was very perceptible; she would not suffer any one to touch her: and it was lucky, he says, that he came so soon as he did, it being three o'clock, and he was not to have been there till the evening; he had no more trouble than usual in bringing away the *placenta's*, though these women had been brought to-bed long before he came: the strings, he adds, were as hot, or rather hotter, than the mother or child, though nothing had been done to them, besides keeping them in bed along with the child: one might, he concludes, have expected some difficulty

difficulty in bringing away these *placenta's*, on account of the contraction which happens to the *os tinæ* as soon as the child is born; which, however, was not the case. In Obs. ccxcviii. the same author was fetched to a woman, whose *placenta* was left behind; the Midwife had pulled the chord a long time with a great deal of violence, without regarding the blood pouring down from the *placenta's* being loosened in part, nor the shrieks of the patient; the chord, however, did not break: he slid his hand into the *uterus*, where he found the *membranes* and waters of another child, which he let out, and a hand presented; but as the passage was not taken up by it, he did not suffer it to come down lower, but carried on his hand to the feet; which he joined together, and finished the delivery in an instant, in the presence of above thirty people; but the woman died in twelve hours after: it would, he thinks, have been very lucky for this woman, if the chord had broke; as the Midwife would then have introduced her hand into the *uterus*, to loosen away the *placenta*, having done it several
times

times before. Obs. ccclii. he delivered a Lady, who had a fine labour; but the *placenta* was so large, that though it was loose, he was forced to pass his hand into the *uterus* to bring it away; which he attributed not for want of strength in the navel string, but on account of the sudden contraction of the *uterus*. In his next Observation, he delivered a Lady, whose child came into the world in a very little time; but the *placenta* resisted against all the methods he could think of to bring it away, by means of the chord; which, though very large, and in spite of all the precautions he used broke, to its very root, though not of a pretty considerable time; for, as there was no hurry required, he acted with a great deal of gentleness, to prevent this accident: he then introduced his hand, which was the only method left; and as it adhered every where equally, he began to loosen it in its lower part, on the left side between the *uterus* and *membranes*, holding his hand flat ways, its upper side towards the *uterus*, and inside towards the *placenta*; continuing to act, without
any

any hurry, till it was detached in its full circumference, when he brought it out whole, with the *membranes* entire: he says, that in spite of all his care, he has several times met with this accident of the strings breaking. Obs. cccliv. here he was concerned for a Lady, who had a very quick labour; but the *placenta*, whose string was very small, was a long while before it came away: he found, upon examination, that it was fixed in the hinder part of the *uterus*; whereupon he loosened it, and brought it out, with what clots of blood he could. In his following Case: the child was small, and consequently the chord could not be very strong; he did what he could to bring out the *placenta* by it; but the contraction of the womb, immediately after the delivery of the child, was such, as to prevent its exclusion; and in its motion, so strong, as to cause the string to break: although, he observes, that he might be rather said to hold, than pull it: without giving time to the *uterus* to close entirely, he immediately passed in four fingers; by which means he loosened it, and having got it some-

somewhat lower, brought it out whole, by pinching it between his thumb and four fingers. Obs. ccclvi. The patient was delivered of a little male *fœtus*, about five inches long, and big in proportion: he passed two fingers into the *uterus*, loosened the *placenta*, and brought it out between his fingers. In his next Case; the patient, upon making use of the pot, perceived something fall into it; which was the waters, followed by a little dead *fœtus*; a most considerable flooding ensued, occasioned by the retention of the *placenta*, the chord of which was so slender, that it could be of no service to him in the extraction: not being able to get in two fingers, he made use of but one, carrying it all about in the *uterus*, till he had entirely detached it, and brought it out by the means of that finger, which he made crooked, and to serve as a blunt hook; the hæmorrhage stopt almost immediately: the blood, he says, had poured down in such a quantity, that this *placenta*, notwithstanding its smallness, could not be left in, without exposing the woman to certain death. In Obs. ccclviii. He was fetched

to a poor woman, who was brought to-bed at twelve at night; the navel-string was broke, and the *placenta* left behind; he found the *os tincae* closed, and very hard to dilate; but, at last, he succeeded in it, passed in his arm up to the elbow, and detached the *placenta*, which adhered very closely to the *uterus*; and the patient was so well, as to be up again in three days time. In Obs. ccclix. He was sent for to a Farmer's Wife, who had been brought to-bed at twelve at night, and it was four in the afternoon when he came to her; he found the *os uteri* quite closed; but dilated it notwithstanding by degrees, enough to admit of his fingers one after another: and, at last, of his whole hand, above the wrist; the *placenta* stuck to the *uterus*, as if it had been pasted to it, without being separated in any one part: whereupon he began by the inferior and posterior part of the *uterus*, and continued till it was quite separated; he then got it between his fingers, and released it, leaving the woman in a very good condition. Obs. ccclx. He was fetched to a woman, who had been brought to-bed above

twenty-eight hours, and the *placenta* left behind: he did not find it so hard to dilate this *os tinæ*, as in the foregoing woman; and he found occasion only to pass his hand as high as the wrist, with which he separated, and brought out, whole, a very stinking *placenta*; notwithstanding which, he says, the woman had suffered no inconvenience from it, not even the head-ach. In the following Case; he delivered a woman of a *placenta*; she had been brought to-bed two days, and the *uterus* being easily dilated, he had only occasion for four fingers to bring it away; but its smell was so intolerable, that he was forced to wash his hands with vinegar several times before he could bear them; she had had a very sharp head-ach, with hystERIC fits, which lasted her a few days longer before they left her. In Obs. ccclxii. he had a great deal of trouble with a woman, who had been brought to-bed twelve hours; the string was broke at its very root; she would yield to neither prayers nor threats, but, at last, consented to be held by six women: the *os uteri* was very much closed; he

he made shift, by degrees, to get in his fingers one after another, and then his hand; he emptied away several clots of blood before he attempted any thing upon the *placenta*; which was so adhering, as to make one body with the *uterus*; he went round it several times, without knowing where to begin; and fixed, at last, upon a part, and began to detach it; but she made such shrieks, and tossed herself about in such a manner, that she forced him to take away his hand several times, and to bring away the *placenta* in above twenty pieces, having never met with one that adhered so strongly; notwithstanding which, he says, he could have brought it away whole, if he had had to do with a more reasonable woman: having well cleared the *uterus*, he left her free, and foaming at her mouth: she was, notwithstanding, well again in a fortnight, whilst he was not able to stir hand or foot for several days. Obs. ccclxiii. he was sent for to a woman fifteen hours after she had been brought to-bed; two surgeons had been with her before, who, by pulling hard, had got away, at several

F f 3 times,

times, about half the *placenta*; but being, at last, at their wit's end, and their strength quite spent, they forsook this poor woman, leaving her with a continual flooding; she was quite spent, and almost without pulse; the *os uteri* was hard, tumefied, and quite shut up, which was owing to their rough usage: he lubricated his hand, and introduced four fingers only into the *uterus*, one after another; and, by this means, detached the whole remainder of the *placenta*, and brought it away, the whole lasting but a very little time; she was a long time before she recovered her health, being afflicted for a great while with a very bad head-ach, and a very troublesome tingling in her ears; as is usual, he observes, with those who have suffered any great loss of blood. In Obs. ccclxiv the child was born as quick as usual; the *placenta* did not follow; but, by pulling a good while, the Midwife brought it away, and threw it behind the fire, without minding whether it was whole, or not; its extreme bigness deceiving her: after this, finding the blood pouring down in a greater quantity than she could stop, she put a napkin into the

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the part, which closed it so exactly, that not a drop of blood could come out: this soon brought on far greater pains, than those which she had felt during labour: a vomiting seized her, soon after a delirium, and, at last, a lump seemed to her to rise from her stomach to her throat, as if it would choak her; a Surgeon was sent for; but she expired before he had time to know what was the matter: our author was desired to open the body in company with him; they found the belly, externally, of a surprizing bigness; and within the *uterus*, part of the *placenta*, of the bigness of a goose's egg; whose beginning was in the midst of the *fundus*, and ended about the middle of the right side; there was a *coagulum* of blood, of the bigness of a loaf of four or five pounds: he adds, that it is not only a coagulation of blood in the *uterus* that will kill a woman; if the *uterus* is not quite empty, the blood will keep flowing, and have the same effect. In his following Observation, he presents us with a Case; where the woman had a fine labour, the *placenta* following as well as could be wished; she voided much blood at

first, which continuing the next day, he was sent for; but she was expiring when he came: upon opening the body, the *uterus* was no bigger than a man's fist, and in it was part of the *placenta*, of the bigness of a large hen's egg; which he separated very easily, it adhering but slightly; no more than the foregoing. — Dr. PUGH tells us, that he has been often sent for, where Midwives could not extract the *placenta* (sometimes have broke the rope) twelve, twenty-four, or thirty-six hours, before; and, by anointing his hand well with pomatum, he was so lucky, as never to meet with any very great difficulty in introducing his hand into the womb, even so many hours after delivery, brought it always safe away, and freed his patient from the great danger she laboured under. Three times in his practice, however, he was sent for to women, where the children had been delivered three days before, and one four days; and notwithstanding he extracted the *placenta's*, and without using much force (that is, not so much as to either injure the womb, or over-fatigue his patient);

tient) ; two out of the three died, and the other, with great difficulty, escaped ; and the only reason he can assign was, from the putrefaction of the *placenta's*, which was very great, and caused inflammations of the *uterus*, and brought on putrid fevers, which carried them off; the one on the fourth, and the other on the fifth day, after the extraction.—Dr. EXTON recites a Case, where the Midwife finding the *os uteri* quite close, immediately sent for him: he found there had been a strong *spasmodic* contraction of the *os uteri*; but, that it began again to be so much relaxed, that he could introduce two fingers into it; by degrees he got in another, and, at length, his whole hand; and immediately perceiving that the *placenta* strongly adhered to the *fundus uteri*, he separated it with his fingers, and brought it away in about ten minutes. He was sent for to the same woman, about two years afterwards, on the like occasion; when the contraction was so very strong, that he was obliged to wait fifteen hours before he could attempt the extraction of it;

it; he therefore contented himself with giving her some gentle emmenagogues, and using fomentations to the *abdomen*, at the time above mentioned: the mouth of the womb being quite relaxed, the *placenta* was brought away without any difficulty, and no bad symptoms succeeded. In his next Case, the child had been born six hours; he found the *os uteri* open enough to receive two fingers; by degrees he got in a third, and at last his hand; and finding that the *placenta* strongly adhered in its whole substance to the womb, he separated it with his fingers very cautiously, and in about a quarter of an hour extracted it quite whole; the woman soon recovered. He gives us another Case, in which the Midwife told him that she had delivered the woman of an abortive infant, of about seven months, and that she believed there was a false conception behind; the poor woman was quite emaciated, as in the last stage of a consumption, and seemed to be, from violent pain, almost expiring; there came from her a very fetid discharge: on examination, he found the body that
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the Midwife thought a false conception, was the *uterus* itself, quite *scirrhus*, and to the feel like the head of a child; the *placenta* was shut up in the womb, with the string broke off; he perceived a great hardness all round the *os uteri*, which would scarcely admit of one finger: having, however, introduced one with great difficulty, he got in another; and with his two fingers he made, as it were, a crab's claw; and so gently pulling the *placenta* down to the *os uteri*, and by degrees working it through, he brought it away (notwithstanding it was much putrified) quite whole: this he mentions as a very difficult and nice operation, which he performed with as much ease, as possible, both to himself and patient; he did not think she could have survived that night; but giving her *anodyne* medicines from time to time, which was all that could be done for her, to keep her, the little time she had to live, as easy as possible, she survived, contrary to his expectation, five or six days: and he farther observes, that CHAPMAN'S 35th Case was exactly like this.—Dr. LEAKE
says,

says, it sometimes happens, that the loss of blood is profuse, even after delivery, where the *placenta* remains: under which circumstance, he thinks, it may be proper immediately to take it away; as the action of the *uterus* is so extremely languid, that it has not power, either to expel the *placenta*, or the large quantity of coagulated blood collected in its cavity: and mentions a fatal instance of this kind, in the case of a woman, to whom he was called about an hour and a half after she had been delivered by a Midwife. —Dr. DENMAN, in his *Essays on the puerperal Fever*, tells us of a Case, where he was called in the middle of the night, to go about ten miles to a woman, whose *placenta* had been detained many hours after the birth of the child. Want of proper courage to withstand solicitations, and the distance the patient was from the Doctor, were his reasons for undertaking the separation, it adhered so strongly; but the separation was made very gently, and without any considerable *hæmorrhage*: on the third day she was seized with a shivering and fever, which lasted all night, and

and was relieved the next morning by so large a discharge of blood from the *uterus*, that he was sent for on that account; there was no swelling of the *abdomen*, but great tenderness, much pain in the head, constant thirst, a little delirium, and no stools: an increase of fever came on every evening, and the same large discharge of blood every forenoon for ten days: she took occasionally, testaceous powder with rhubarb, saline mixtures, tincture of roses, infusion of Peruvian bark, and some doses of opium, and at length recovered.—In an Abstract of the whole Italic and Helvetian Literature, for the Year 1759, vol. 3, for JULY, AUGUST, and SEPTEMBER, the retention of the *secundines* was the cause of much controversy between two celebrated Physicians, which arose from the following Case: a noble woman, of *Florence*, who had married the Marquis BAGNESI, at MODENA, was delivered, but could not emit the *secundines*, and eight hours after delivery died. The famous RAMAZZINI, who at that time practised, and professed physic at MODENA, was sent for, to administer

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all the remedies in the power of art, to the end that the lying-in woman might not perish ; but all endeavours proved of no effect ; see Medical Museum, vol. iii.—RUYSCH speaks of a *placenta* which was retained in the *uterus*, after the birth of the child full ten months, and was then expelled in form of a Mole.—In VERMISCHTE Chirurgische Schriften, &c. i. e. Miscellaneous Surgical Essays, published by JOHN LE BERECHT SCHMUCKER, first Surgeon General to the Army, and Director of all the Military Hospitals in Prussia, vol. ii. 8vo. BERLIN, under Article the 6th, in Remarks on the Use of *Belladonna*, by Mr. EVERS ; the first case in which this medicine was given by the Author, was in a *scirrhus* affection of the *uterus* ; the patient, we are told, had been eight times pregnant, and was delivered each time of a dead child : in her ninth pregnancy, Mr. EVERS was consulted ; she was delivered, as before, of a dead child : and the *placenta*, upon examination, was found to be attached to a kind of *sac*, the surface of which was rough like the head of a cauliflower : the patient was directed to take five grains,

grains of the powder of *belladonna*, and the same quantity of *rhubarb*, every morning, for four weeks, interposing the use of a purgative occasionally: the Author informs us, that soon after this, his patient became pregnant again, and was delivered of a live and healthy child.—Dr. WHITE, of MANCHESTER, in his Treatise on Pregnant and Lying-in Women, Case the Eighth, gives us an instance, where the *placenta* still remained behind; the patient flooded, and had several fainting fits, which came on in such very quick successions, as to threaten immediate danger: he was desirous of getting the *placenta* away, as the most effectual method of putting a stop to the flooding: to effect which, he pulled gently at the navel-string, desiring the Gentleman, pre-employed, to make a compression at the same time upon her belly, and directing her to assist herself, by forcing and encouraging what little pains she had: these means were ineffectual, as she had lost much blood; and as she still continued bleeding, and was reduced very low, he did not think it prudent to wait any longer: he therefore

fore introduced his hand into the *uterus*, and easily brought away the *secundines*; the flooding immediately ceased, and he left her to the care of the Gentleman who had delivered her; she was afterwards attacked with a puerperal fever, but recovered gradually. In Case xviii. he relates the history of a woman, aged thirty-eight, who was delivered of her first child by the assistance of the crotchet; having a very laborious birth, no attempts were made to extract the *secundines* that night: the next day, the Gentleman who delivered her, desired he would visit her along with him; she was very hot, and her pulse quick and strong; she had frequent returns of pains, which seemed to be efforts to expel the *secundines*, and during every pain a discharge of blood; he took hold of the navel-string, and pulled gently at it, desiring her at the same time to encourage her pains, and in about a quarter of an hour the *secundines* came away; though only about twenty-three hours had elapsed betwixt the delivery of the child and the *secundines*, yet they were in a very putrid state; as was evident,

dent, both by the smell, and their being remarkably discoloured: he took his leave of her, desiring *her to keep cool, have fresh air frequently admitted into the room, and to sit up often in the bed,* and had the satisfaction afterwards, to hear, that she recovered without any further disagreeable symptoms. — The following five Cases were communicated to the Doctor by Gentlemen of the Profession: In the first, the woman had an easy, natural labour; but the Operator strove in vain, by all the gentle means he was acquainted with, to bring away the *placenta*: after waiting some time without effect, her friends growing uneasy, he desired Dr. WHITE might be sent for; but he was then engaged, and could not come: the next day, the Gentleman made some further attempts to extract the *placenta*, by gently pulling at the *funis*, but with no better success: on the *third* day, he laid hold of the navel string, with an intention of making another attempt to bring away the *secundines*, when the string separated from the *placenta*, without any force being used, and was in a very putrid

state; a clyster was given on the *fifth* day, which procured a stool, and soon after the *secundines* came away, in a putrid state: on the *sixth*, she complained of great oppression about the *præcordia*, &c. and her breath was remarkably offensive: on the *twelfth*, a large quantity of white miliary pustules appeared, particularly about the breast: on the *fourteenth*, a hiccuping came on; the miliary eruption continued out till the day of her death, which happened on the *twenty-second* from her delivery.—In the following Case, the position of the infant was natural; the *placenta* remained behind, and the mouth of the womb contracting itself, rendered it unsafe (at least, at that time) to extract it: another very able Accoucheur was consulted, and they both agreeing that it was prudent to leave Nature to herself, no attempts were made: on the *fourth* day, the *secundines* were excluded, without assistance; but soon after she began to flood excessively; the flooding could not be suppressed, and she died the same day. The third Case is literally thus: Mr. —, an ingenious Surgeon, told the Doctor,

tor, that he delivered a strong, healthy Country-woman, of a fine child, *as she sat upon the knee of an assistant*; he made no attempt to bring away the *placenta*, having been instructed by a Teacher of MIDWIFERY, whose Lectures he had attended, that leaving it behind, was never productive of any disagreeable circumstances: after waiting a considerable time in vain for its exclusion, no bad symptoms appearing, he left her, as he thought, in perfect safety; but in the middle of the night she began to flood extremely, and he was again sent for; he made what haste he could, but living several miles from his patient, he came too late; she was dead, and the *placenta* unexcluded: the same Gentleman was sent for to a woman, who had five days before been delivered by a Country Midwife, *as she sat upon the knee of an assistant*; she had flooded extremely; he found her dying, and the *secundines* unexcluded: in the last Case, the Surgeon who was employed, having delivered a healthful woman, who had a very easy labour, made no attempts to bring away the *placenta*, but left her in

full expectation of its being expelled without danger: on the third day, he was again sent for, upon account of a violent flooding; he lived only three or four miles from the patient, and went as soon as possible; but found her dead, without the exclusion of the *placenta*: the Doctor then concludes, by drawing inferences from the cases he has related, and judiciously lays down some practical directions for the general management of the *placenta*; to which the Reader is referred. Vide SMELLIE, vol. i. p. 133. Vol. ii. collect. 23. p. 390. Dr. DENMAN'S Essay on Puerperal Fevers, p. 21. And Cases v. xv, xvi. & xxxi. in the first volume of this Publication.

C A S E C X L I.

ON the 4th of NOVEMBER, 1771, I was sent for to E. SEAMARSH, a married woman, in the forty-second year of her age, who had for many hours been harrassed by a Midwife, with many fruitless attempts to expedite the delivery: I found the *os tinæ* thick, high, but very little dilated; and through it could plainly distinguish the child's head; the pulse was very full and high; and the patient complaining of a great pain in her side, I thought it necessary to make use of venesection, and to prescribe a neutral mixture, with the *elixir paregoricum*; by this means, the patient was in a few hours much relieved; the pains were slight, but regular; and late in the evening, of the following day, became so strong, that I was again sent for: soon after which, the

head was pressed down into the *vagina*, and the delivery accomplished by the natural efforts only : this is one, out of the many instances, which often occur, to evince the propriety of Doctor FORSTER's Observation, viz. ' that Nature requires our *official*, not *officious* aid.'

CASES CXLII. and CXLIII.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

JANUARY 17, 1772.

“ DEAR SIR,

“ **I**NCLOSED, I send you the very
“ extraordinary Case of a Tradesman's Wife,
“ in this town; she is about five and thirty years
“ of age, and this was her first pregnancy. In
“ the morning of the first of DECEMBER last she
“ was taken with labour pains; prior to which,
“ she had felt an unusual fluttering of the child,
“ and had not perceived it move afterwards;
“ when I waited on her, the pains were strong
“ and regular, and a small quantity of *meconium*

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“ appeared

“ appeared on the cloths; she complained of
 “ her belly being very cold, and looked in the
 “ face, of a livid hue: upon examination, I
 “ found the *os tinæ* most uncommonly rigid and
 “ thick, very high up, rather inclining to the
 “ *sacrum*, and so little open, that I could but just
 “ discern that the *vertex* presented through it; the
 “ pains continued sharp, and returned pretty regu-
 “ lar, at intervals of about ten minutes, till four
 “ o’clock the next morning, without being of any
 “ service at all in dilating the *os tinæ*, which still
 “ retained its pristine rigidity; the pains begin-
 “ ning to slacken, and the woman being much
 “ exhausted, I administered an opiate; and as
 “ she had had no stool for some time, ordered an
 “ emollient clyster: soon after which she got
 “ some refreshing rest, which was not interrupted
 “ by any strong pains, till near twelve o’clock
 “ at noon, when she had a fresh accession of
 “ them, and to a more violent degree than be-
 “ fore; but, notwithstanding their accumulated
 “ force, the *os tinæ* still remained so inflexibly
 “ tense and hard, that I began to feel much
 “ soli-

" solicitude and fear for the safety of my pa-
 " tient; the *membranes* broke about four o'clock,
 " and the *os tinæ*, by six, was dilated, to about
 " the breadth of a half-crown, but still its edges
 " felt as hard as marble; and from the excessive
 " violence of the pains, I plainly felt it separate
 " suddenly on the side next to the right *ischium*, give
 " way to the touch, and split asunder; inso-
 " much, that I could lay my finger into the
 " chasm: the poor woman immediately com-
 " plained of acute pain in the right *hypogastric*
 " region, and about the navel: considering the
 " nature of the accident, I had my fears, that
 " the *fœtus* would have receded; but providen-
 " tially, the head advanced, and came down to
 " the bottom of the *pelvis*, and in a few minutes
 " the patient was delivered of a large dead child;
 " a slight flooding ensued, but was soon stopped
 " by the exclusion of the *placenta*; which, when
 " delivered, was in a putrid state: in less than an
 " hour after her delivery, the woman was seized
 " with a rigor, *singultus*, and tremors; for which
 " I gave her, frequently, two spoonful of the
 " *julepum*

“ *julepum e moscho*, applied a poultice of white
 “ bread and milk to the external parts, and or-
 “ dered the *abdomen* to be frequently fomented
 “ with the common *fotus*, with a quart of bran-
 “ dy to a gallon: in the evening of the third
 “ of DECEMBER, she was very hot, her pulse
 “ sunk, and she became lethargic; I applied
 “ blisters and sinapisms to rouse her; she was
 “ delirious throughout the first part of the night,
 “ but recovered her senses about three o’clock in
 “ the morning; when she vomited a great quantity
 “ of green bitter matter, and complained of exqui-
 “ site tenderness over the whole *hypogastric* region;
 “ hiccups came on; her tongue was dry
 “ and hard; the pulse was above an hundred;
 “ and there was a total suppression of the *lochia*:
 “ a Physician was called in, and directed six
 “ ounces of blood to be taken from the arm;
 “ the fomentations to be continued; and every
 “ five hours gave the neutral draughts, with *syrupus*
 “ *e meconio*, & *aq. cinn. simp.* On the *fifth* day she
 “ had two motions downwards, the soreness of
 “ the *abdomen* was somewhat abated, and the
 “ pulse

" pulse not higher than eighty; her skin was
 " moist, and in the evening the *lochia* re-ap-
 " peared; she got some sleep this night; but to-
 " wards morning had several loose stools, with
 " gripings: on the *sixth*, the milk came pro-
 " perly, and she seemed in a fair way of reco-
 " very; but in the evening I was called to her in
 " great haste, and found her convulsed and de-
 " lirious; the pulse was low and unequal; and
 " the *abdomen* very tense, and so tender, that,
 " upon touching it, she startled as if suddenly
 " awakened from sleep: the Physician was again
 " consulted, and prescribed a plaister of one
 " ounce of strained galbanum, and a drachm
 " and a half of opium, to be applied over the
 " *abdomen*: and likewise, a bladder of warm
 " water to the *scrobiculus cordis*; the *confectio car-*
 " *diaca* was added to the neutral draughts, and
 " to the night draught thirty drops of *elixir pa-*
 " *regoricum*: towards morning she became sensi-
 " ble, complained of sharp pains in the belly, and
 " had two bilious stools, which were highly fe-
 " tid: the *seventh*, visiting early this morning, I
 " found

“ found the pulse was regular, and at about seventy,
 “ but weak and low; she complained of a giddiness
 “ in her head; her cheeks were flushed; she was
 “ thirsty; and a miliary eruption, of the white
 “ sort, appeared all over her body; yet the *lochia*
 “ continued fresh; she still complained of fore-
 “ ness in the belly; the bladder of warm water
 “ was ordered to be continued; beef tea
 “ given as nourishment; and a clyster of Peru-
 “ vian bark, in decoction, prescribed every
 “ eight hours; she slept well this night: the
 “ *eighth*, no febrile symptoms remained; the
 “ tenderness of the belly was not so great; she
 “ was very full of the eruption, and complained
 “ of its itching; in the evening took an anodyne:
 “ *ninth*, evidently better in every respect, and no
 “ complaint, except weakness: *tenth*, she was
 “ seized with a rigor, succeeded by a hot fit;
 “ coughed much, and her pulse was full and
 “ frequent; she took the saline mixture, with
 “ *spermaceti*, and drank plentifully of warm dilu-
 “ ting liquors: in the evening an emollient clyf-
 “ ter was administered, and an opiate exhibited;
 “ she passed the night pretty tolerably; the secre-
 “ tion

" tion of the milk had been hitherto moderate;
 " but it was now totally stopped, and there was
 " little or no appearance of the *lochia* discharge:
 " in the morning of the *eleventh*, the thirst and
 " fever were somewhat abated; but she complained
 " of pains in the belly, stomach and head, and
 " her cough was much increased; six ounces of
 " blood was taken from her arm; the texture of
 " which was very fizy, and the serous part but
 " small in quantity, and very turbid: she drank
 " plentifully of a pectoral infusion of figs, raisins,
 " and liquorice root, and passed a tolerably
 " good night; but in the morning complained of
 " sickness at her stomach, and had several griping
 " bilious stools; she took *tartar emetic* in
 " small doses, which brought away much viscid
 " phlegm, mixed with bile; she had some refreshing
 " rest; the milk secreted freely: the
 " *thirteenth*, better in every respect, but very
 " weak and low; for which she received the
 " most nutritious broths and jellies; and continued
 " to recover her strength daily, and without any very
 " material interruption, till the
 " *twenty-*

“ *twenty-third*; when she was again seized with a ri-
 “ gor, succeeded by a smart fever, thirst, and a quick
 “ and full pulse; her skin felt dry and parched;
 “ she diluted plentifully with nitrous emulsion,
 “ had an emollient clyster in the evening, but
 “ passed a very indifferent night: the *twenty-fifth*,
 “ feverish, and a quick pulse; her tongue dry and
 “ white, with a fordes on the teeth; excessive sharp
 “ pains in her back, stomach, and about the re-
 “ gion of the navel; the galbanum plaister, with
 “ opium, was removed, and a fresh one put on;
 “ and the bladder of warm water again ap-
 “ plied to the *scrobiculus cordis*: at night, a few
 “ drops of *tinctura thebaica* were added to a di-
 “ aphoretic mixture; of which she took three
 “ spoonsful every five hours, but she scarcely
 “ got any rest: the *twenty-sixth*, rather worse
 “ in every respect, and visited by a physician,
 “ who prescribed eight grains of JAMES’S POW-
 “ der, which brought on a plentiful *diaphoresis*
 “ at the end of eight hours; and at nine o’clock
 “ in the evening, a second dose was given in
 “ three grains of *pil. Mathæi*: the *twenty-seventh*,
 “ her

" her pulse was not so quick; the skin more
 " moist; she had rested pretty well, and the
 " pain in her belly was much abated: the *twen-*
 " *ty-eighth*, apparently better, except her cough,
 " which seemed rather increased, and was more
 " troublesome: upon which, she had recourse to
 " the neutral mixture with *spermaceti*, and was
 " relieved: *twenty-ninth*, continued free from
 " fever, and was able to sit up: *thirtieth*, conti-
 " nued to recover, and seemed in a fair way
 " so to do: *thirty-first*, continued in the
 " same state: the *first* of JANUARY, she com-
 " plained of weight, tension, and pain in
 " her back, belly, and loins; the pulse was hard
 " and contracted, and six ounces of blood was
 " taken from the arm, the complexion of which
 " justified the operation; the antiphlogistic plan
 " was pursued, and in the evening she was bet-
 " ter, except that she complained of a straitness
 " across the thorax, attended with a *dyspnœa*;
 " for which she desired her former medicine,
 " which soon relieved her, and she passed a to-
 " lerable night: *second*, her breath unrestrained
 " and

“ and easy; she had perspired freely, and was,
 “ in every respect, better: *third*, continued to
 “ recover, and to gain strength for several days;
 “ but on the *tenth*, was seized with a shivering,
 “ complained of pains all over her: and from
 “ that period, the poor woman has been confined
 “ to her bed, with a violent swelling on the *psoas*
 “ muscle of the right thigh, which extends to
 “ the calf of the leg on that side; for which we
 “ have called in all the medical assistance which
 “ these parts afford: an issue has been cut, and
 “ aromatic fomentations, and different kinds of
 “ poultices been applied; but, at present, with-
 “ out any visible success.—On the ninth instant,
 “ a Midwife sent for me to a woman, at SWAN-
 “ TON; the patient was a very little, weakly wo-
 “ man; was ricketty in her infancy, and had
 “ been two days and nights in labour: upon en-
 “ quiry, I found many hours had elapsed, since
 “ the rupture of the *membranes*, and the entrance
 “ of the head into the *pelvis*; the *vertex* presented
 “ with the face laterally; the pains were entirely
 “ gone off; the pulse was weak; the voice low;
 “ and

“ and she appeared to be in a state of general debi-
 “ lity. From the accounts which I had heard of
 “ her former cases, I had much reason to suspect a
 “ bad conformation of the *pelvis*; and, upon more
 “ strict examination, found the *sacrum* jet in in
 “ such a manner, as to leave a space of not more
 “ than three inches, at most, from *pubes* to *sa-*
 “ *crum*. I thought at first of applying the for-
 “ ceps, and with *that view* emptied the *rectum*,
 “ by an emollient clyster, and lubricated the
 “ blades of the instrument; but, upon be-
 “ ing able to introduce my finger pretty easily
 “ round the child's head, I was not deterred
 “ from supposing it practicable to push up the
 “ head, and find the feet; which, after some
 “ time, I effected; and, to the great satisf-
 “ faction of the mother, brought her a live
 “ child, which was the first of four that had
 “ been so born; and the first that she had had
 “ come into the world in an unmutilated state;
 “ the heads of all the others having been lessened,
 “ and delivered with the crotchet, by a well-ex-
 “ perieneced Practitioner; who had given it as his
 “ opinion, that it was not likely she should ever

“ have a child born alive. The *placenta* came
 “ away without any difficulty ; but the pulse
 “ was low and weak, her voice scarcely to be
 “ heard, and her countenance very pale. I pre-
 “ scribed her a cordial mixture, with *confectio*
 “ *cardiaca* ; two spoonsful to be given her
 “ every two hours ; and ordered, that beef
 “ tea, and other nourishment, should be taken
 “ between whiles, in small quantities, and often,
 “ till her strength and spirits were, in some
 “ measure, recruited ; but, notwithstanding all
 “ these directions were punctually obeyed, she
 “ has not yet recovered her voice and strength,
 “ is not able to sit up in her bed, and, I fear,
 “ it will be a great while before she recovers.
 “ The child is remarkably small ; to which alone
 “ I chiefly attribute the success of my operation ;
 “ it is still alive, but so very weak and languid,
 “ that I despair of its surviving many days.”

THE ANSWER.

“ DEAR SIR,

“ **A**MONGST the melancholy
 “ Cases, which often occur in our practice, the
 “ one you have recited must shock those senti-
 “ ments of tender consideration, which the sympa-
 “ thetic Practitioner will ever possess. Your
 “ patient has, undoubtedly, suffered much; and,
 “ it is to be feared, will be a long time be-
 “ fore she recovers. A laceration of the *ute-*
 “ *rus* is very dangerous, and most generally a
 “ fatal circumstance; it is lucky, that a retrac-
 “ tion of the *fœtus* did not follow this accident,
 “ owing to the uncommon violence of the la-
 “ bour, and the singularly tense and callous state
 “ of the *os uteri*. At your most convenient lei-
 “ sure, I shall think myself obliged to you for

“ the Supplement of this very extraordinary
 “ Case; and with the event may fully reward
 “ your industry and care to save the patient. I
 “ had a case of a narrow *pelvis*, two inches and
 “ 6-8ths from *pubes* to *sacrum*, where the head,
 “ *funis*, right hand, and right foot presented:
 “ What would you have done? In your next
 “ resolve me this; and believe me, &c.”

M Y R E P L Y.

“ DEAR SIR,

“ **T**HE Case you mention is so
 “ unhappy an instance of a distorted *pelvis*, that,
 “ for my own part, I should think neither mo-
 “ ther or child could have any chance at all, but
 “ by the *Cæsarian section*; which is so shocking
 “ and hazardous an operation, that, to speak can-
 “ didly,

“ didly, and at once answer your question, I
 “ scarcely know, in such a case, what I should
 “ do ; for it seems almost an impossibility to save
 “ the child, unless extremely small. I am shocked
 “ at the idea of the circumstance ; and only by
 “ way of speculation, say, that I might probably
 “ have first brought down the leg that did present ;
 “ have gone up for the other, and brought that down ;
 “ and then, to deliver the body, have used the dou-
 “ ble force of pulling down with one hand, whilst
 “ I pushed up with the other. But perhaps, in a case
 “ thus circumstanced, I could not have even pro-
 “ ceeded in this manner, unless the child was very
 “ small indeed ; but even so, I might have delivered
 “ the body easier this way, and with less trouble,
 “ than in attempting to effect the delivery, by bring-
 “ ing the head first. After proceeding thus far, you
 “ will ask me how the head is to pass ; which over-
 “ throws my whole system : and I again assert,
 “ the only means of preservation for both mother
 “ and child to be that of the *Cæsar*ian section,
 “ if timely and judiciously conducted. But, for
 “ my own satisfaction and improvement, pray give

“ me your opinion, your own manner of pro-
 “ ceeding, and a short detail of your patients’
 “ Case. Pray what was the distance from side to
 “ side of the distorted *pelvis*, which you have men-
 “ tioned ? Does knowing the dimensions, from
 “ the back to the fore part, of a *pelvis*, always
 “ determine the exact or near distance from side
 “ to side ? Pray what were the dimensions of the
 “ child’s head ?

“ I am, &c.”

THE ANSWER.

“ DEAR SIR,

“ **T**HE Case I sent you is no ima-
 “ ginary one. I have long had in my possession
 “ the bones of the unhappy patient it concerned.
 “ The history, in short, is this : A man-midwife
 “ in

“ in this place, of some standing, was sent for,
 “ upon the Saturday evening, to a poor woman,
 “ whose waters were gone ever since the preced-
 “ ing Monday. She had no pains till the Friday
 “ night. Saturday morning the *os tinæ* began to
 “ dilate sensibly, and about twelve of the same
 “ day the arm came down, with the *funis*; the
 “ head at the same time was sensibly felt, and
 “ presented right, with one ear to the *pubes*, and
 “ the other to the *sacrum*, high up. About seven
 “ in the evening the practitioner, finding things
 “ as above, went up for the feet; but the *pelvis*
 “ was so narrow, that he could not go up a great
 “ way: however, he found the right foot near
 “ the head, which he brought down into the
 “ *vagina*; but could not bring it so low down as
 “ to fix a noose on it, nor could he push up the
 “ head. He sent for another man-midwife, who
 “ attempted to deliver the same way, and failed.
 “ I was at last sent for; and, upon hearing the
 “ relation of the case, advised the labour to go on
 “ all next day; but, alas! the poor woman was
 “ in cold sweats. The gentlemen begged I

“ would try to deliver. Finding the right foot,
 “ right arm, *funis*, and head, I got a silk ribbon
 “ into the *vagina*, and fixed it firmly above the
 “ ancle ; introduced the right hand into the *va-*
 “ *gina*, and pushed up the head with immense
 “ force, and pulled down with the ribbon ; but
 “ to no purpose. I could not get the foot, nor
 “ would the child be turned in the least. Hence
 “ ’tis plain, though you get one foot in a narrow
 “ *pelvis*, head presenting, that you are not cer-
 “ tain of being able to turn : therefore the prac-
 “ tice of turning children in narrow *pelvisses*,
 “ when the head presents, is extremely uncertain,
 “ and should not be adopted. The *pelvis* was
 “ sufficiently wide from side to side, as they gene-
 “ rally are : the child was not large. If these
 “ gentlemen had let the labour go on till Sunday
 “ noon, the head would have been squeezed
 “ more or less within the brim, and then might
 “ have been opened ; and the woman’s life have
 “ been saved.

“ I am, &c.”

IN

IN a periodical work, lately published at LYONS, entitled, *Observations sur les Maladies regnantes à Lyon, par M. M. Vitet & Petetin, Médecins*, is an account of a most extraordinary distortion of the *pelvis*, in a delicate ricketty woman, aged twenty-seven, on whom the *Cæsarian* section was performed, but without success.—We are told, that an ingenious Physician, who has long taught midwifery with considerable reputation in LONDON, intends soon to publish some Observations, to prove, that neither the section of the *symphysis pubis*, or the *Cæsarian* operation, can ever be necessary. His ideas on this subject were suggested, it seems, by a Case which occurred lately in his own practice, and at which several of the most eminent Accoucheurs in LONDON were present. See MEDICAL JOURNAL, Vol. iii. No. 3.

. CASE

C A S E CXLIV.

THE subject of this Case was a poor woman of the name of SMITH, who had before borne two children. The midwife informed me, that she found the membranes broke, and, upon examination, discovered the child in a wrong presentation. A man-midwife was sent for from Maidstone; but he, being engaged, could not attend. Some hours after that, I was sent for. The pains were urgent, and very frequent; but the *os tincae* was not sufficiently dilated to discover what part presented. I administered an opiate, and desired the labour might be suffered to go on in its own way, till the midwife should be able to discover more of the presenting parts, which I was in hopes would be pushed down as the *os tincae* dilated. The woman was very hearty and strong
when

when I left her ; but, upon coming to her again, I found her much weaker. The pulse had sunk, and the pains were not so frequent. There was but very little alteration in the state of the *os tinæ*, which I endeavoured to dilate as she lay on her side, but could not introduce more than one finger. I got her then placed in a supine position, and with some difficulty introduced two of my fingers ; but the cramp coming on, I was obliged to desist. I then directed her to rest on her knees and elbows ; but this of herself, through extreme weakness, she was unable to do ; therefore two women assisted and supported her in this position : but then I was not able to get in more than three fingers. However, the situation of the child was now much more obvious ; for I could discover that the back and neck presented, with the chin to the left *ilium*. The *os uteri* felt extremely thick ; and as the case was so hazardous and complicated, and the woman grew fainter and fainter, I desired another practitioner might be sent for ; but before any farther assistance could be procured, the woman was seized with a flooding,

ing, fell into convulsions, and expired. I therefore, with all possible expedition, endeavoured to give the child the best chance I could; and the *os internum* having now lost all resistance, yielded to the introduction of my hand; and in less than twenty minutes from the death of the mother, I delivered the child footling, but it appeared to have been dead some time.

C A S E CXLV.

ANN PETT, a young woman of strong healthy *stamina*, was taken in labour in the morning of the 4th of February, 1775. A midwife had been with her several days and nights; and when I was called, the first stage of the labour might be said to be perfectly finished. The patient was very restless and faint, and there appeared a total cessation of labour pains: the head had entered the *pelvis*, and the *vertex* descended to the *coccyx*: the ears had passed the brim of the *pelvis*, and were placed, one to the *sacrum*, and the other to the *symphysis* of the *pubes*, with the face to the left *ischium*. The position of the head being thus known; with the least difficulty I ever met with in their application, I introduced a blade of the forceps over each

each ear of the *fœtus*, and, without any injury either to the mother or child, effected the delivery in less than twenty minutes ; and they both recovered, and did well.

C A S E CXLVI.

I FOUND the particulars of the following Case, upon the testimony of a person on whom I can depend.—ELIZABETH WHEELER, of BRENCHLEY, in this county, being, in May 1769. in the early part of gestation, about the twelfth week, miscarried of an *ovum*, nearly the size of a goose's egg, which contained a small *embryo*, with its membranes and *placenta* entire, and was able in the usual time to follow her domestic business. She was much surprised to find, that she had not lost so much of her bulk as might have been expected; and more so, when, after a few weeks, she plainly discovered the motions of another child *in utero*, which she could not form the least idea of being possible, after she had so lately miscarried of one: but finding that she grew bigger

bigger and bigger, she made the usual provision, and was delivered, six months after her miscarriage, of a fine full-grown child, in a very easy and natural manner.—Is it not probable, that Nature, *ab origine*, intended this for a twin case; and that the premature expulsion of the first *embryo*, with its *secundines* and *placenta*, was occasioned by some remote cause, which cannot be explained with precision?—Dr. JOHNSON, in his Chapter of the *Fetus in utero*, speaks of a young and healthy lady, who, in the year 1758, had twice missed the *catamenia*, and, by over-hurrying herself, was soon after seized with a flooding, and in less than twelve hours miscarried: and in less than thirty days after this abortion, the same lady was taken again with a slight flooding, and expelled another *ovum*, of the bigness of a small pullet's egg.—He also relates a Twin Case, wherein each child had a distinct *placenta* and set of membranes; and although that part of the *chorion* which lay contiguous, adhered firmly; yet, by a little care, they separated perfectly from each other.

CASES CXLVII. and CXLVIII.

COMMUNICATED

IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

DECEMBER 2, 1773.

“ DEAR SIR,

“ **I** SHOULD think myself want-
“ ing in respect to your kind and friendly confi-
“ dence, if I declined communicating the two
“ following Cases to your observation and confi-
“ deration.—On the 16th of SEPTEMBER last,
“ about five o’clock in the afternoon, I was sent
“ for to the Wife of one SPARKS, who had been
“ many hours under the management of a wo-
“ man midwife, who, soon after the mem-
“ branes broke, found an arm push forwards ;

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I i

“ and

“ and laying fast hold of it, had attempted, for
 “ upwards of three hours, to deliver the child,
 “ by forcibly pulling it down. It was the right
 “ arm, which was thus protruded through the *os*
 “ *externum*, quite up to the shoulder. I first en-
 “ deavoured to return the limb; but for some
 “ time it would return into the *vagina* only, from
 “ whence it as often protruded; and the contrac-
 “ tions were so very strong and frequent, that in
 “ all my attempts I gained no ground at all;
 “ but I found that the breast presented, with
 “ the head to the right *ilium*. At this instant the
 “ *funis* came down into the *vagina*, and I could
 “ distinctly feel its pulsation; and as the woman
 “ began to flood, I made an attempt to pass by
 “ the protruding limb, and was happily success-
 “ ful in finding the feet at the *fundus uteri*;
 “ which as soon as I had secured in my hand,
 “ the child turned, as upon its own axis, and I
 “ delivered it as is usual in præternatural direc-
 “ tions: the *placenta* was excluded in a few minutes.
 “ Upon examination, I found the arm which
 “ had come down, was broke within two inches
 “ of

“ of the shoulder, by the violence made use of
 “ in the midwife’s attempts to deliver, before I
 “ was employed. This matter, however, was
 “ ingeniously lodged at my door ; and as I disco-
 “ vered the patient had been so far influenced,
 “ by the misrepresentations of the midwife,
 “ to believe that I had been the cause of the ac-
 “ cident ; and in a few hours after her deli-
 “ very, she was attacked with a fever, and an un-
 “ common tumour and tension of the *abdomen*
 “ (probably from some cold which she had con-
 “ tracted, whilst exposed to the manœuvres of
 “ her ignorant assistant) ; for my own reputation
 “ and vindication, I thought proper to call in
 “ two senior practitioners, who candidly confi-
 “ dering the matter, convinced the woman and
 “ her friends of the propriety of my practice, and
 “ the erroneous manner in which the midwife had
 “ acted. We afterwards consulted for the farther
 “ safety of the patient ; and by diluents, diapho-
 “ retics, and emollient fomentations, in a few days
 “ got her into a convalescent state, and she was very
 “ well by the end of the month. By proper care

“ and bandage, the fracture formed a complete
 “ *callus* in less than a month, and the child
 “ soon had as good a use of one arm as the
 “ other.—In the beginning of the last month, I
 “ followed the same midwife, where the *nates* pre-
 “ sented. The woman was pretty much ex-
 “ hausted, and the pains had left her for some
 “ time : but this proved only a temporary cessa-
 “ tion ; for, after refreshing the woman with cor-
 “ dial, and properly encouraging her, the pains re-
 “ turned in a manner which, I was in hopes, would
 “ soon have put an end to the business. But
 “ herein I was disappointed ; for the parts, not-
 “ withstanding a series of very sharp pains, did
 “ not descend in the least. I therefore determi-
 “ ned to go up for the feet ; but the waters having
 “ been long gone off, the *uterus* was so contract-
 “ ed, that I found it impracticable to pass up my
 “ hand : therefore, getting the best hold I could,
 “ with both my hands, I assisted in the time of
 “ pain, brought down the *nates*, and at length
 “ delivered the *fetus*, without the least hurt either
 “ to that or the mother. The child was very
 “ large,

“ large, was web-fingered, and had a hare-lip.—
 “ I have at present nothing more to add, and no-
 “ thing need be added to the profound respect
 “ with which I am, &c.”

THE ANSWER.

“ DEAR SIR,

“ **I** RECEIVED yours, and am
 “ pleased to find that you still support your mid-
 “ wifery business with the same success as usual.
 “ The dispute you had with the midwife is not
 “ unusual upon such occasions; which shews,
 “ that the person called in should always carefully
 “ examine if any damage has been done, either to
 “ mother or child, that he may acquaint the pre-
 “ engaged practitioner of it, or make a report
 “ thereof to the relations of the patient, if ne-
 “ cessary, before the operation is undertaken.

“ I am, with great esteem, &c.”

C A S E CXLIX.

FOR this and the following Case I am indebted to the obliging communication of the same Correspondent who favoured me with Cases cxxvii and cxxviii.—In the year 1760, he was called to SARAH, the wife of THOMAS OUTTERIDGE, a labouring man, in the parish of BIRLING. He found an ample distension of the *os internum*, and the membranes full, turgid, and pushing down very low into the *vagina*; and therefore concluded, that, upon their breaking, the head would consequently descend into the *pelvis*: but this event not happening to his wishes, notwithstanding the pains were uncommonly sharp and long, he had recourse to patience (a maxim, in the practice of midwifery, which he recommends, from experience, as truly venerable,

ble, and which, in this instance, he tried to that degree which reflects much honour on his skill and humanity), for he waited upwards of eight-and-forty hours after the membranes broke; and notwithstanding the long succession of most violent pains, finding the head too large to advance beyond the middle of the *pelvis*, and the woman being very restless and uneasy, and beginning to flood; fearing he should lose both mother and child, he thought it most adviseable to dilate the *cranium*, that, by lessening its bulk, he might either get a firm hold for the crotchet, or blunt hook, and by that means succeed in its extraction. He therefore opened the *cranium* with the scissars, destroyed the connexions of the brain, and it was easily evacuated. Having got good firm hold with the blunt hook, he exerted his utmost strength to bring down the shoulders, but without effect. The assistants being much terrified and alarmed, the flooding increasing to a very dangerous degree, and the pulse beginning to intermit, he found himself in the most trying situation; and fearing he must absolutely lose

both the mother and the child, if he did not deliver immediately, he resolved to try if he could not turn the child, and bring it footling ; in which attempt he was more happy than before ; and with some difficulty getting at the feet and legs, he brought them down, with part of the body ; but it was with inconceivable trouble that he was able to deliver the shoulders. At length, however, he succeeded ; and the woman recovered and did well in the usual time, without any material interruption, and he has since delivered her of several children. He adds, that he was never so thoroughly fatigued in his life ; and that, had he known, at first, that the head and shoulders were in such disproportion to the dimensions of the *pelvis*, he might have delivered the woman, by lessening the head, sooner ; but as the child was alive, and the mother strong and in good spirits, he thinks he could not have answered it to his conscience, till the danger which threatened both mother and child made the operation absolutely necessary.

C A S E C L.

HE was called to Mrs. S——, of BOXLEY, early in the morning of the 28th of JUNE last, and found that, by her own account, she was not more than six months advanced in her pregnancy. She had had regular pains all through the preceding night, and an irregular, but copious, discharge of blood from the *uterus*, so that she was reduced to extreme debility : her lips were pale, and her pulse was so low and weak, as to be scarcely perceptible. Upon touching, he found the *os internum* very rigid, and but little dilated. In this perilous state of the case, fearing that a forcible dilatation of the *os internum* might increase the hæmorrhage, and dreading the event, he thought it right to apprise her relations of the great danger she was in, and to call another practitioner

practitioner into consultation upon the case. The gentleman who was sent for, concurred in opinion with our Author, and thought it would be best to continue her in a supine posture, and not to use the least force. To alleviate the spasms, opiates were prescribed, with corroborants and astringents between whiles, which were punctually administered for some hours; also cloths dipped in cold vinegar were applied externally to the loins; and she was suffered to drink nothing warm, or that had the least tendency to accelerate the circulation. By this means the flooding abated; and, as she lay easy, he ventured to leave her, for the present; but was called again, in a great hurry, about ten o'clock in the same evening. He found her warm: the hæmorrhage was stopped: the *os internum* much more dilated, and the pains were pretty strong and regular: but as he was fearful that the flooding might return, he thought it right to rupture the membranes, and let the waters off, which he did; and, in a few minutes after, the patient was delivered of a small dead child; soon after

which,

which, he was very doubtful of her, as to life or death, as she appeared so very low and faint, with a ringing in her ears, and mist before her eyes, owing to a sudden increase of the hæmorrhage : he immediately made ligatures upon the extremities, applied flannels dipped in cold vinegar to the loins and *abdomen*, and gave her a little of the *tinctura Thebaica*, with some drops of a *stiptic* tincture, in some red wine and water ; and in a few minutes she began to come to herself : and to prevent a relapse, by a moderate continuation of the same means, together with the use of the *cortex*, and a nutrient and invigorating regimen, she was recovered ; but was for some time afflicted with great pain ; which was probably owing to the loss of so much blood.—In flooding cases, the assistance of a surgeon cannot be too soon sought for. Our Author regrets, that he was not consulted as soon as the flooding first appeared, as he thinks the loss of eight ounces of blood, added to that which had been pre-discharged, must have proved fatal.

CASE

C A S E C L I.

E—— L——, aged thirty, whose system had been much debilitated by a frequent habit of miscarriage, was again pregnant in JUNE 1776, and she was advised to consult me. Being very weak, delicate, and nervous, I used such *prophylactic* remedies as I thought most proper, regulated her diet, and cautioned her against any exercise or motion which might endanger miscarriage. She had never before passed the fourth month without aborting, but had now arrived at the seventh, with hopes of reaching her full time; but on the 2d of JANUARY 1777, I was hastily called to her, and found her flooding in so dangerous a manner, that it was difficult to keep her alive. It was too late to expect any thing from
the

the power of medicine; and I did not stay to make use of any external refrigerating applications, as I looked upon the emergency of the case to be such, that the woman must inevitably die, without immediate delivery. The membranes had broke; and the head of the child presenting, I should most certainly have trusted the delivery to the natural pains, had not the patient been reduced to so low an ebb. The uterine orifice being sufficiently dilated, I pushed up the head, passed by it, and obtained the feet; and whilst an assistant made a pressure externally upon the *abdomen* of the woman, I accomplished the delivery of the child, which for some time appeared very weak and languid, but revived, and lived many days. A recurrence of fainting-fits coming on immediately after the delivery, I passed my hand up into the *uterus*, and soon extracted the *secundines*; but the debility was so general, and the *uterus* so totally devoid of contractile power, that I despaired of saving the patient, who sunk out of one fainting fit into another so fast, that

it

it was expected every minute would have been her last. In this distressful state, I found it impossible to get her to take any thing, either as a medicine or nourishment. I therefore had her stripped as fast as possible, set open the window of the chamber, and exposed the naked body to the open air, which was at that time most intensely cold. I stuffed the *vagina* with a sponge dipped in vinegar, in which some rock alum had been dissolved; and although no signs of life were perceptible for some minutes, and the pulse and respiration seemed totally lost for that period; at length a tremulous vibration in the pulse gave me some hopes, which were confirmed by her breathing, and gradually recovering her senses, so as to be able to swallow a little panada and red wine. She complained of violent pain in her head, and in the *lumbar* region. Her recovery was at times very doubtful; and it was not till three months after her delivery that she was able to leave her room, and then not without assistance: and it has not since been in
the

the power of *tonic* medicines, a proper regimen, change of air, or the cold bath, to restore the system to a healthy degree of strength : but she continues nervous and relaxed, has a hectic cough, frequent pains in her head, has never conceived since, and is subject to the *fluor albus*.

CASE

C A S E. CLII.

PENELOPE FOWLER, of this town, about six-and-thirty years of age, a woman of a delicate frame and lax fibres, in the fourth month of her pregnancy, after having for some time before been troubled with a cough, pains in the back and loins, flatulence, and rigors, was suddenly seized with an *hæmoptoe*. The blood which was thrown up was pure and florid, and discharged without any violent efforts. *Nitrous* and *absorbent* medicines were given her for some time, as well as *elixir of vitriol*, in proper doses : anodynes were administered at bed-time, and due regard paid to the non-naturals : but all to little or no effect ; for the *hæmoptoe* remitted and recurred regularly ; and, for the last five weeks preceding her delivery, she never, upon an average, spit up
less

less than two pounds weekly. On the 15th of JANUARY, 1779, she had symptoms of labour; and being applied to, I found the right hand low down in the *vagina*, but not as yet protruding through it: the membranes had broke, the night before. Having placed the woman in a convenient situation, I passed my hand (well lubricated) up the *vagina*, returned the arm, and went in search of the feet; and, having found them without much difficulty, proceeded to accomplish the delivery as is usual in præternatural cases. Considering the low and reduced state of the patient, she underwent the operation much better than could have been expected; and, till the sixth day, was entirely free from the *hæmoptoe*. The *lochia* flowed in a proper manner; and notwithstanding she was low and weak, her relations began to entertain some hopes of her recovery. But, at the above-mentioned period, the discharge from the lungs returned in a greater degree than ever; the *lochia* entirely ceased; a fever, delirium, and diarrhœa supervened; and the poor woman died in the evening of the eighth day

after her delivery. The child at first appeared stronger than might have been expected, but gradually wasted away, and in the end died tabid.

—It is a very just observation of Dr. LEAKE'S, that delicate women, who have lax fibres, of all others, sustain the loss of blood with most danger, being extremely apt to faint, and are subject to a violent head-ach; so that uncommon attention should be paid to their safety. In such habits, especially after delivery, and in cases of extreme weakness, he advises hartshorn jellies, with Rhenish wine, and those things which give nourishment to the body, and consistence to the blood; and recommends an infusion of the *cortex* with cinnamon, in French claret, and the addition of a little fine sugar, as a grateful and generous cordial, without heating the body.

C A S E C L I I I .

ON the 5th of OCTOBER, 1779, I was sent for to E. — B. —, of A —, a few miles from hence, who for several days and nights had been in labour, and was attended by a midwife. The membranes broke the day before; and by the strength of the labour-pains, and long compression of the head in the *pelvis*, it was squeezed into a longish form, with a large tumour on the *vertex*. The head having been long in an advanced state, and the labour-pains still very good, it became necessary to enquire into the cause which impeded the birth. I observed the face of the patient to be very livid, and so much swelled, that it was almost impossible to discern one single feature distinctly: which, upon examining, was found to proceed from a black riband which she wore

round her neck, that had been forgotten to be taken off, and which was now instantly removed. She had had no stool, nor had she made a drop of water, for the last three days ; upon which I ordered a clyster of milk, oil, and coarse sugar, to be injected, which brought away an immense quantity of indurated *feces* ; and, with some difficulty in its introduction, I drew away, with the *catheter*, near two quarts of water. I now suffered the labour to go on ; and had the satisfaction, in less than two hours after these operations, to find the natural efforts sufficient to effect the delivery in a safe manner, and without any injury to the *perinaeum*. From the compression which the head had so long undergone, the child was much convulsed ; and notwithstanding I allowed the navel-string to bleed a large cup-full, made a revulsion as soon as possible with a purgative clyster, and applied an emollient poultice to the head, the poor infant was carried off by convulsions in less than two hours after it was born.—LAMOTTE, Obs. ccxlv. gives us the Case of a woman, who had been in labour two days
and

and two nights : the waters were gone off, and the child had presented with the *vertex* for twenty-four hours, without having either advanced or retired. He tried to empty the bladder with the *catheter*, or by pushing back the head, but could do neither : he tried then to give her a clyster, but in vain ; and he was at length, reluctantly, obliged to have recourse to the crotchet ; with which he delivered her, and she did very well afterwards.—The woman, whose case is above recited, has had another child since, which came in a præternatural direction—one foot only having fallen down into the *vagina*—by which the practitioner who attended her, gently pulled—the breech was forced down by the assistance of natural pains—and no further trouble attended the delivery.

CASES CLIV. and CLV.

COMMUNICATED
IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

AUGUST 21, 1774.

“DEAR SIR,

“**I**N the two following Cases, I should
 “esteem it a singular act of kindness to be fa-
 “voured with your opinion.—The Wife of a
 “Tradesman in this neighbourhood had been
 “delivered of one child, by a midwife, about two
 “o’clock in the morning of the 3d of MAY last,
 “who not finding he *placenta* come away as usual,
 “had passed her hand up, and found the face of
 “a second child presenting at the brim of the *pel-*
 “*vis*—of which circumstance she very inconfide-
 “rately

“rately told the mother, whose pains were observed
 “to slacken from that very instant : her spirits were
 “depressed ; and, under much apprehension of
 “danger, she desired that I might be consulted ;
 “a requisition which the midwife strenuously
 “opposed ; averring, that there was not the least
 “manner of occasion for more help, and that a
 “little time and patience would bring every thing
 “safe and right. But though she had prescribed
 “patience, it did not seem a rule which she herself
 “paid much regard to ; for she kept on teasing the
 “woman with fruitless and unnecessary examina-
 “tions, frequently altering her position, and
 “making use of every artifice she was mistress
 “of (but all to no effect) till four o’clock the
 “next morning ; when the patient being entirely
 “wearied out, the attendants frightened, and a
 “flooding coming on, it was concluded I should
 “be called in ; when I found the patient under much
 “anxiety of mind, hot, restless, and flooding :
 “the face presented low down in the *pelvis*, with
 “the chin to the *sacrum*, the *bregma* to the *pubes*,
 “the pains entirely gone, the waters evacuated,

“ and the *uterus* contracted. The woman told
 “ me, she had felt the child just before I
 “ came, and much wished to know if I
 “ could deliver her? to which I replied in the
 “ affirmative; and added, that, the sooner it was
 “ done, the more chance would be given to the
 “ child. She most obligingly acceded to my
 “ opinion; but the midwife interfered, protest-
 “ ing that, if any force was to be used, she
 “ would leave the house, and not be accessory to
 “ her death. As we could very well dispense
 “ with her company, I begged she would put her
 “ threats into execution; which she very abruptly
 “ did, and left me to proceed as I thought pro-
 “ per. The position of the head being ascer-
 “ tained, I had the patient placed on her back,
 “ with her breech over the side of the bed; and
 “ then, with some difficulty, applied the short
 “ forceps along the ears, pushed up the head,
 “ turned the chin from the *sacrum* to the left
 “ *iliūm*, gradually brought it out from under the
 “ arch of the *pubes*, and in a short time deli-
 “ vered it: the body easily followed; and, in a
 “ few

“ few minutes afterwards, the *placentæ*, united
 “ in one cake, with two strings, were excluded.
 “ The lips, tongue, and nose of the child were
 “ much swelled and inflamed, from the injudi-
 “ cious fingering of the midwife : there were not
 “ the least marks of the forceps to be perceived ;
 “ and the child, which was much larger than the
 “ first, lived only three hours : the woman,
 “ though naturally not of the most robust consti-
 “ tution, recovered in a shorter time than usual.
 “ —I think, Sir, that, upon the first discovery
 “ of the face, there could have been no impro-
 “ priety in turning the child, and bringing it
 “ away by its feet, especially as it was not far
 “ advanced in the *pelvis* ; and this, most proba-
 “ bly, would have been the means of saving its
 “ life. The midwife acknowledged, that she
 “ broke the membranes of the second child, to
 “ discover its situation.—The next Case is briefly
 “ as follows : A young Gentlewoman, in the se-
 “ venth month of her pregnancy, from a fright
 “ which she received on the 6th of JUNE, was
 “ seized with uneasiness in the back and belly,
 “ bearing-

“ bearing-down pains; with irregular intermis-
 “ sions, and flooding. It was at a very danger-
 “ ous period; and being sent for, finding the
 “ pulse in a state to bear it, I took away a few
 “ ounces of blood from the arm, advised an ho-
 “ rizontal position of the body, and exhibited an
 “ astringent mixture, with *syrupus e meconio*. By
 “ this means the flooding seemed much abated,
 “ and, for the present, I left her. Upon visit-
 “ ing in the evening, I was much surprised to
 “ find her struggling with convulsions, foaming
 “ at the mouth, and insensible; but the flooding
 “ had not recurred to any great degree. The *os*
 “ *tincæ* was widely dilated; and, after waiting
 “ some time, the patient became sensible, and
 “ spoke—but in a few minutes relapsed; and the
 “ flooding increasing to a dangerous degree, I
 “ thought no time should be lost. Upon exa-
 “ mining, I found the convulsions had acted as
 “ labour-pains; for the *fætus*, included in the
 “ membranes, now protruded out from be-
 “ yond the *os externum*, and, being small, was
 “ easily brought along and delivered—but sur-
 “ vived

“ lived only a few hours. The convulsions re-
 “ turned but once after her delivery. She con-
 “ tinued weak and low for some time ; but, by
 “ strengthening food and proper medicine, she is
 “ now as well as most women are in the begin-
 “ ning of pregnancy, which is her present state,
 “ beyond a doubt.

“ I remain, my good Friend, &c.”

THE ANSWER.

“ DEAR SIR,

“ **I**N regard to the Cases which you
 “ have been kind enough to favour me with, I
 “ think you have acted in them both with spirit
 “ and judgment. As the midwife went up to
 “ search for the presentation, and found the face,
 “ the

“ the waters not gone, it would have been but
 “ little trouble to have got up farther, and to
 “ have seized the feet; and if, by the touch
 “ only, the child was found high, and not rea-
 “ dily coming down—the membranes not broke
 “ —no particular circumstance attending to for-
 “ bid the turning—I can see no reason, why,
 “ according to the general rule, the feet might
 “ not have been searched for, and brought down.
 “ When the pains are strong and regular, and
 “ the child coming down as fast as possible,
 “ face or *vertex* presenting, the delivery should
 “ be submitted to Nature.—I have observed,
 “ there are two sorts of fits, which sometimes
 “ attend women in labour, which are, *nervous*
 “ and *hysterical*; neither of which are so dan-
 “ gerous as *convulsive* fits—especially whilst the
 “ *os tincæ* remains in an undilated state—which
 “ continuing long, and if the patient grows
 “ stiff, and foams at the mouth, there seems no
 “ other remedy, than removing the immediate
 “ cause by *delivery*.—When fits come on,
 “ and

“ and the head of the child sticks in the *pelvis*,
 “ delivery must be expedited by the forceps ;
 “ or, if immediate danger urges, it must be
 “ reduced by the scissars,

“ Yours, &c.”

CASE

C A S E CLVI.

COMMUNICATED
IN A LETTER TO THE LATE
DR. COLIN MACKENZIE.

NOVEMBER 29, 1774.

“ DEAR SIR,

“ **I**N the evening of the 21st instant,
“ I was called in great haste to attend Mrs. C—K,
“ of E—P— —, five miles from hence. She
“ was about twenty years of age, of an external
“ form and make apparently not the best adapted
“ for a well-formed *pelvis*, and in labour with
“ her first child. A midwife, who had been in
“ waiting the two preceding days and nights,
“ acquainted me, that every thing was right,
“ but that the head had not advanced at all ;
“ that

“ that the waters were discharged, a pain or two
 “ after she first came to her; and that the mouth
 “ of the womb had been very close shut for some
 “ time, but was now sufficiently open; that the
 “ pains had been very strong, and still continued
 “ so; that the child had, at times, befouled it-
 “ self; and that it should, in her opinion, be
 “ turned and delivered—but that she submitted
 “ to me.—The woman’s strength was pretty
 “ good, and she spoke cheerfully; but told me,
 “ she had not felt the child for some hours. I
 “ comforted her with the best assurances in my
 “ power; and, upon examination, found the
 “ head of the child pressing down into the *pelvis*
 “ in a conical form: the *parietal* bones were
 “ squeezed together, and felt to the touch like a
 “ ridge; and, upon more minute enquiry, I
 “ could plainly discover a projection of the *lum-*
 “ *bar vertebræ* over the *sacrum*, so as to constitute
 “ a degree of distortion beyond a probability of
 “ success in turning to deliver by the feet. That
 “ the child was dead, there was not the least
 “ doubt, there was such a *factor* arising from the
 “ *uterus*,

“ *uterus* ; besides, the scalp and hair slipped away
 “ from my finger. In this trying juncture, as
 “ much as possible I concealed the agitation and
 “ solicitude of my own mind ; and privately ac-
 “ quainting the husband and relations of the pa-
 “ tient with the dangerous situation of things,
 “ desired some other practitioner might be called
 “ in. But this being rejected, I found myself
 “ under the disagreeable necessity of managing
 “ the case by myself. I waited patiently for six
 “ hours, that the force of the pains might bring
 “ down as much more of the head as the nar-
 “ rowness of the parts would admit: but after
 “ waiting this time, and finding the head still
 “ in the same position and direction, the soft
 “ parts being completely dilated, and that the
 “ woman had not made any water since her labour
 “ commenced ; I introduced the catheter, and
 “ drew off a great quantity of urine ; then placed
 “ the patient as in the application of the forceps,
 “ and cautiously introduced the long scissars into
 “ the *vagina*, made a free opening in the *cranium*,
 “ and, by means of the blunt hook, evacuated
 “ the

“ the brain. As the woman’s life was in no im-
 “ mediate danger, and the pains tolerably strong,
 “ I now allowed her to rest, in hopes that the
 “ bones would collapse, and the *pelvis* prove not
 “ so much distorted as to prevent the protrusion
 “ of the head by the force of the natural pains :
 “ but not finding this the case, after waiting two
 “ hours longer, I had recourse to the blunt hook,
 “ which I introduced with two fingers, and en-
 “ deavoured to make an extraction : my utmost
 “ attempts, however, proving fruitless, the crotchet
 “ became my *dernier ressort*. Having with some
 “ difficulty applied a blade of that instrument,
 “ and got firm hold behind one ear, I exerted all
 “ my strength, but could not make the extrac-
 “ tion ; upon which, I applied the other blade,
 “ brought the handles together, secured them,
 “ and, by gently moving from blade to blade,
 “ after some time extracted the head ; but, in the
 “ delivery of the shoulders, was obliged to use the
 “ blunt hook, which I found attended with inex-
 “ pressible difficulty and trouble. What with
 “ the extremity of the case, and the uncommon

" rity of the weather, my fatigue and indisposition
 " were so great, that now, for the first time since
 " the above occurrence, I have only been able
 " to use my hand in transmitting you the above
 " particulars.—I forgot to tell you, that the *placenta*
 " came away without difficulty. The dis-
 " charge of the *lochia* has been in proper quan-
 " tities. On the third day, her milk began to
 " come, and she has remained entirely free from
 " pain, but is troubled with such an inconti-
 " nence of urine, that she seldom retains any
 " longer than two hours. This complaint, how-
 " ever, I hope, will not prove very dangerous,
 " and that in time the parts will recover their
 " former tone. Perhaps it might arise from the
 " long-continued pressure of the head upon the
 " *sphincter vesicæ*: if not, to what other cause
 " can it be imputed? I am very desirous of your
 " opinion in this matter, and am, with much
 " esteem,

" Your's, &c."

THE ANSWER.

“DEAR SIR,

“LET me beg of you, the first
 “ narrow *pelvis* you have, when the head must be
 “ diminished, to try the extraction with one
 “ crotchet in the *os petrosum*; *i. e.* within the
 “ scull, and guard it with the hand on the out-
 “ side, and let me have your opinion of the me-
 “ thod. Be pleased also to try with the *forceps*
 “ before you attempt the *crotchet*, as that should
 “ always be the last resource, and never used, if
 “ possible, to destroy the child, till there are
 “ evident signs of its being dead, as in the Case
 “ you have related. You was right in acquaint-
 “ ing yourself with the width of the *pelvis*, and
 “ every necessary, before you undertook the ope-
 “ ration; and I cannot but applaud your con-
 “ duct and deliberate behaviour upon this occa-
 “ sion,

" sion, which gave me great satisfaction.—It is
 " common, in laborious Cases, to have an ob-
 " struction of urine, &c. the first four days ;
 " which if not relieved in time with the catheter,
 " the *urethra* mortifies, and there is a *fistula* some-
 " times during life.—In the other Case, of re-
 " laxation from the pressure of the head, the re-
 " covery is slow, and often uncertain. Regulate
 " the non-naturals, recover your patient from her
 " lying-in, and then put her upon such methods
 " as will corroborate her system. To hear from
 " you at all times, will oblige

" Your's, &c."

CASE

C A S E CLVII.

M—— S——, a married woman, aged forty, of an hysterical habit and low stature, was attended by a midwife, in her first labour, on the 27th of JANUARY, 1772. She had been with her all the foregoing night, through the whole of which the pains had been but small and remote, but towards the morning increased, and became stronger; and about ten o'clock the membranes broke, and a large quantity of water was discharged; and all on a sudden, without any obvious cause, the patient was attacked with a *convulsive* fit, from which she soon recovered—but relapsed again, foamed at the mouth, and became totally stupid; in which state I found her, about one o'clock on the same day. I ex-

mined, and found the *os tincæ* pretty well dilated ; but easily perceived there was a wrong presentation of the *fœtus* ; and that it was its back which offered, I was convinced by the sharp ridge of the spine, which ran from side to side. As her pulse was full and quick, I immediately took away twelve ounces of blood from her arm, and prescribed an emollient clyster to be given with all expedition ; for it was impossible to administer *antispasmodics* by the mouth, as she was not able to swallow. The clyster procured her a plentiful passage ; but still for some time she continued in a *comatose* state, and the return of the convulsions acted as the labour pains. Therefore, between the spasms, I introduced my hand well lubricated, pushed up the presenting part, and, passing my hand in its flattest shape over the *costæ*, without much difficulty brought down the feet, and delivered the child as is usual in preternatural presentations. Soon after the delivery, the *placenta* came easily along, and I was now in great hopes

hopes that the convulsions would abate—but unhappily experienced the contrary; for they became more desperate than ever, and carried her off in the space of half an hour after her delivery.

C A S E CLVIII.

M—H—, a woman of the sanguineous temperament and an irritable system, after sitting up a whole night to dance, and being far advanced in her first pregnancy, was suddenly taken with *convulsions*, and fell into labour. I was immediately sent for; and after taking away some blood, and ordering an emollient clyster, which had the desired effect, examined, and found the *os uteri* widely dilated, the membranes unbroke, and some part presenting, which I could not then exactly ascertain; but was certain the presentation was not natural. I gave her an opiate to allay the pains, which, upon every recurrence, brought on the *convulsions*. The disease increased rapidly; and a flooding coming on, I judged that the patient's safety entirely

tirely consisted in immediate delivery ; and having ruptured the membranes, found that the child presented with its side, as I could easily discover the ribs. I immediately set about the delivery ; and having, without much difficulty, brought down the feet, effected the birth. The woman had no more fits after the delivery of the child, and did well in the usual time. She has since borne three children, and, in labour of the last, was attacked with *convulsions*. A Gentleman of eminence in the profession was sent for, and found it necessary to deliver the head, which stuck in the *pelvis*, by the use of the forceps. The child was still-born ; but the woman had no more fits after the delivery, and recovered without any extraordinary difficulty.

C A S E CLIX.

ON JANUARY the 2d, 1780, I was desired to visit ANN PHINNIS, a pauper, belonging to the parish of EAST MALLING, who had been in labour three days and nights, and was attended by two midwives. Soon after the waters came away, she was attacked with strong convulsions, which had for many hours before gone off, and returned upon the remission of a labour pain. I found the case highly dangerous and desperate; and the head being very low down in the *pelvis*, with the ears to the *ischia* and the face to the *coccyx*, and the patient being already on her side, I did not alter the position—but, without much difficulty, introduced one blade of the forceps, with which I was in hopes to have succeeded, without the introduction of
the

the other : but finding this not practicable, I introduced the second, united their handles by ligature, and effected the delivery in a short time. The child was alive, and the mother had but one fit after the delivery—but was comatose and stupid for several days before she recovered the free use of her senses, and then recollected nothing of her labour or delivery.

CASE

C A S E C L X.

MRS. F——, of a full habit, and liable to inflammatory complaints, being in the last month of gestation, on the 21st of SEPTEMBER, 1781, was very suddenly attacked with *convulsions*. I was called to her, and found the convulsive spasm very violent. She foamed at the mouth, and her whole face and body were distorted. As it was a period of pregnancy replete with the utmost danger, I examined her, but could find not the least dilatation of the *os tinæ*, nor was there any pressure from above to be discovered by the finger. I opened a vein in the arm, and took away near twenty ounces of blood, then prescribed a laxative clyster, which had the desired effect; and she soon after came out of the fit, and recovered her senses. I ordered her to be kept cool and quiet, and

and directed the diet to be light, and easy of digestion, which was duly observed; the next day symptoms of labour came on, the membranes broke, and she was delivered, without any extraordinary assistance, of a child (which seemed to have been dead but a few hours) whose arms, when born, were stretched out in form of a cross, with the head bent downwards, and one entire *anchylosis* of the joints of the elbows; a circumstance that never occurred to me before, and which, I presume, was owing to some particular compression in the *uterus*; and most probably this peculiar conformation of the arms might, from irritation, occasion the spasmodic affections which preceded the delivery. — For the following Case we are obliged to the ingenious Dr. DENHAM:—FEBRUARY the 22d, 1766, he was called to Mrs. A——, who, after complaining slightly of pain and giddiness in her head was seized with strong *convulsions*, which returned every ten or twelve minutes. In the interval, she fell into a profound sleep. She was a very little woman, much deformed, at the full time of parturition,

turition, and had been bled twice in the preceding month for a bad cough. No signs of labour preceded the fits, which resembled the epilepsy in the violent action of the muscles, working of the lower jaw, and the foaming at the mouth. The first attack was about twelve o'clock. Twelve ounces of blood were taken away, and soon after a large dose of laudanum was given. From the state of the *os internum*, he perceived not the least sign of approaching labour. The convulsions were equal in point of strength, but more frequent in their returns. At seven in the evening, bleeding and the opiate were repeated. At eleven, the *os internum* was thinner, but not at all opened. At one o'clock, she shewed evident signs of being in pain; and the *os internum* was dilated to the size of a shilling, and very thin. At three, the dilatation was much increased, and the head of the *fetus* began to descend into the *pelvis*. At four, the *os internum* was fully opened, and the head advanced very fast. There was no collection of water. The external parts were much relaxed; the *convulsions* returned very quick,

quick, and acted as pains. At five o'clock, the head lay upon the *perinæum* ; and he waited half an hour, in expectation of the delivery being finished ; when apprehending she would die every instant, he applied the forceps, and delivered her with the greatest ease, and without her knowledge. The child had been dead about two hours. The longest interval between the fits was after the last bleeding, when the *os internum* began to dilate. He gently assisted between every fit ; but being convinced that this endeavour brought on, continued, or increased the convulsions, he desisted, and left the work to Nature. In the interval between the fits, there was neither that kind of look in the cheeks, or that particular pulse, which indicates an extravasation of blood in the brain. She lay about twenty minutes after the delivery in the same insensible state, when she fell into a strong *convulsion*. He found the *placenta* separated, and it was brought away without violence. A moderate discharge followed. The opiate was repeated, and ten grains of musk was directed to be given every hour, for six times.

She

She had four strong fits within three hours after her delivery, which probably were occasioned by the expulsion of the discharges. In the evening, she lay as if in a profound sleep, except when urged to take some nourishment; immediately after which, she fell into the same state. 24th, she shewed some signs of being sensible, but could not speak. The *lochia* were fetid, serous, and in small quantity. 25th, she had lain quiet all night, and continued to doze great part of the day; but in the evening she grew restless. The *hypogastric* region was puffed up, and the *lochia* were in very small quantity. An opiate was given. 26th, she had intervals of rest and uneasiness all night, with catchings of the mouth, and strong twitchings of the hands and legs. The *abdomen* was very much swelled, and the *lochia* as before. She had never spoke, but now shewed marks of being in great pain. The *abdomen* was well fomented, and then embrocated with anodyne balsam: a draught with *confect. Damoc.* was given every four hours; cataplasms were applied to the feet, and clysters injected.

In

In the evening she was more composed. 27th, he found her quite delirious, catching at, and repeating, any words spoken by the people about her. Her eyes were remarkably bright and staring; her pulse was low and fluttering; she took her nourishment with great avidity. The *abdomen* was subsided, and she did not seem in pain. She continued in this manner till morning, when the convulsions returned, in one of which she died.—The following Case, which happened at a lying-in house in Town, the Doctor was favoured with by a Gentleman who attended. A woman of nineteen years of age, of a plethoric, strong habit, went to the full time of parturition without any particular complaint. DECEMBER 13, 1765, she was seized with pain and giddiness in her head, which continued till four o'clock in the afternoon, when she fell into a strong convulsion, which lasted near an hour. At seven o'clock the Gentleman saw her; and from that time to her delivery the convulsions returned every ten or fifteen minutes. She struggled very much in them, and foamed at

the mouth. Each fit continued about two minutes. She sighed very much, and seemed sensible during the interval, but could not speak. She could swallow any thin liquid which was given her. She was bled largely, and took thirty drops of *tinct. Theb.* At eight o'clock the membranes broke. The *os tinæ* was dilated to the size of a shilling, but felt very rigid. At twelve, the head was beginning to descend into the *pelvis*. The opiate was repeated in a less quantity. At one, the dilatation was equal to a crown-piece. The head was locked in the *pelvis*. At four, the dilatation was complete, and the head so low, that it was thought proper to apply the forceps. She was delivered of a dead child, and without her knowledge. The convulsions returned as before, till the *placenta* came away, when they left her. She fell into a sound sleep soon after, and in about twenty-four hours recovered her speech, and could recollect her falling into the first fit. She continued in a better way than could have been expected, till the morning of the third day after delivery ; when she had a
 very

very strong fever, with swelling and tenderness of the *hypogastric* region, and died in the evening of the fifth day.—For the three following Cases we are obliged to Dr. WATTS, of BATTLE:—Mrs. N——, aged about thirty, was taken in labour of her first child about six in the morning, the water coming off in the beginning of labour. The pains were slow and weak, till about six at night; at which time they grew much stronger, and the accession of one of them threw her into a *convulsive* fit. The *convulsions* recurred with every pain, and in the intervals she lay speechless and insensible. These fits were so violent, that two or three persons were scarcely able to hold her. About twelve o'clock, a neighbouring Surgeon was sent for; who finding her in a very dangerous situation, dispatched a messenger for our Author, who was met on the road by her husband, advising him his wife was delivered, and likely to do well; upon which he returned—but the next day he was sent for. He arrived at the house about four in the afternoon, thirty-six hours after the delivery. She had made

urine, and the *lochia* were in good order ; but she was insensible, and quite ignorant of every thing that had passed. Her pulses were full and frequent, her skin very hot ; and, on being any way disturbed, she raved a good deal. He was informed she had at times been very restless, so that it was with great difficulty they kept her in bed : but at this time she lay stupid and senseless, if no way disturbed. As the brain seemed so remarkably affected, and this, as he imagined, in consequence of the former *convulsions* and violent labour, he concluded the chief indication of cure consisted in relieving that *viscus*. For this reason, he not only ordered her to be kept extremely quiet, and the room (which was remarkably light) to be darkened ; but likewise eight ounces of blood to be immediately drawn from the arm, and an emollient laxative *enema* to be injected ; as likewise, if she did not mend, the v. s. to be repeated. She took some gentle *sudorific* powders, composed of *lap. contray. camph. & nitr.* together with a refrigerating nitrous emulsion, which the Surgeon had brought her. The Doc-

tor was afterwards informed by a letter, that she became better after the first v. s. and that after the second (which was performed the next morning) she evidently continued to mend till she recovered. The child was born dead.—E. W. a young unmarried woman, aged about twenty-four, was found by her mother and relations, when they returned from church, on Sunday in the morning, in violent *convulsions*. A messenger being immediately dispatched to a neighbouring Surgeon, his apprentice came, and bled her very plentifully. Soon after this, a blister was applied to the shoulder, and an *enema* ordered to be injected, but it was omitted. About five in the afternoon of the same day, our Author saw her; at which time she was under the most violent universal *convulsions* that ever he saw, so that several persons could scarcely keep her in bed. The *mucus* was discharged in great quantity from the nostrils; she foamed; her eyes and mouth were terribly distorted: a more frightful object he never saw in his life, and concluded she could live but a few hours. As he had heard

that a fufpicion had prevailed among the neighbours, that ſhe was with child, he was reſolved to ſatisfy himſelf of the truth of it, but in a way that might give no offence to the relations. For this reaſon, he ſlid his hand down to the region between the *umbilicus* and *ſcrobiculus cordis*, under pretence of feeling how the ſtomach worked : and here our Author candidly confeſſes he had well nigh been led into a very great miſtake, and therefore cautions every young Practitioner of midwifery to be extremely circumſpect in every caſe that gives the leaſt room for ſuſpected pregnancy (ſince a ſmall miſtake of this ſort, in the eye of the world, is looked on, tho' undeſervedly, as an infallible ſign of ignorance) ; for finding this part in no wiſe tumid, and not thinking, juſt that moment, that poſſibly the child might be delivered, he had almoſt concluded the world had belied her. However, on recollection, he paſſed his hand below the *umbilicus*, and was much ſurpriſed when he found the *uterus* contracted into an hard round lump. This method of feeling for the contracted *uterus*, he tells

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us, he had always practised (in cases wherein the speedy descent of the *placenta* rendered the introducing his hand into the *uterus* unnecessary), in consequence of instructions he received from Dr. SMELLIE ; and therefore, by experience, he knew she had been very lately delivered of a child, which he now began to think had been made off with. He therefore acquainted the mother with his thoughts : but she positively denied she had ever been with child ; adding withal, “ *No more than yourself.* ” However, he insisted on searching ; and accordingly, on examining, found a dead child altogether delivered, the feet only excepted, and lying compressed between the *femora* ; which having disengaged, and shewn to the by-standers, he extracted the *placenta*, and the violence of the fits considerably abated soon after. However, she continued in a stupid, senseless condition till the Tuesday morning following, when she came to herself so far as to be able to speak ; and from this time she continued to mend, till she totally recovered. The Doctor mentions this Case, he says, in order to

shew, that bleeding during these kinds of labours may be safely administered ; and it is his opinion, that, had not the patient been bled to an extraordinary quantity, the extreme violence of the *convulsions*, together with their long duration, must have so far destroyed the functions of the *encephalon*, as to have inevitably killed her.—

A Gentlewoman being taken in labour of her first child, continued lingering for about forty-eight hours, when a messenger was sent to our Author. When he came, he found the waters gone off, the pains slow and weak, the *os tinæ* low down, but no broader than a shilling, and the head presenting right. As she had got little or no rest the two preceding nights, he gave her an opiate, hoping that, after she had recruited her spirits by sleep, the pains would become stronger. However, she slept but little, and the pains still continued weak, till about four o'clock in the afternoon of the succeeding day ; when they became more frequent and strong, so as to give him hopes of a pretty speedy delivery. The husband, who was a Surgeon, being very uneasy

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at her continuing so long in labour, he acquainted him with the causes of it; adding, that he apprehended no danger; for if the pains would not do, he was sure he could deliver with the forceps; but that, unluckily, he had left them at home; and would have sent for them immediately, but was still in hopes of delivering with his hands only. The pains now grew stronger, and the head advanced so far, that the swelled integuments of the *occiput* almost appeared between the *labia*; at which place it remained for the space of half an hour, notwithstanding the continuance of the most violent pains that ever he knew any woman to have in his life. He had not sent for his forceps before, because he had hoped to do without them; and thought, if the head did stick, he could but send for them at last; when, just as he was thinking to send for them, the patient became delirious, and fell into *convulsions*. He was twelve miles from home; the patient in a disorder which required speedy, or rather immediate, delivery; his hands already sufficiently cramped; and no forceps could be
procured

procured for some hours. He, however, continued his endeavours for near half an hour ; when he got up, whilst she lay quiet, and desired to speak with her husband. He ordered the midwife to sit down, and, going just without the door, desired him to send for the forceps of a neighbouring Surgeon. He was under the greatest perturbation at this unlucky accident of *convulsions*, which came so unforeseen, and was the only probable one that could have happened, in this case, to require the use of the forceps sooner than he could get them from home ; for she was very strong and hearty. Walking to and fro in the room, vexed at himself for his forgetfulness when he came from home, and meditating, whether or no, if the *convulsions* continued, and she grew very weak before the messenger returned with the forceps to open the head, she was taken with another violent *convulsion*. He ran up to the bed, and the strength of the fit delivered the child. During his extracting the *placenta*, which adhered very strongly to the *fundus uteri*, she lay altogether stupid and senseless ; and notwithstanding

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ing the *convulsions* did not continue more than half an hour, did not recover her senses in less than five or six hours after. There was one misfortune that had like to have happened, which our Author thinks proper to mention, by way of caution to others ; and that was : As the patient complained of sickness just as she was out of breath at the going off of a pain, a woman held a bottle of volatile drops to her nose, and accidentally let them run into that and her mouth, so that he declares he never expected she would have breathed again. However trifling this observation may seem, our Author assures his reader, that a certain drunken man-midwife, in that county, had the misfortune to pour drops in this manner down the nostrils and mouth of a patient, who expired in the utmost agony, rubbing and tearing her mouth and nostrils, but never was able to breathe any more. He further observes, that if we consider the supine posture of women in labour, we may be sufficiently apprised how easily such an accident of the drops, when applied to their nostrils, running into them,

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may happen : for which reason, ever since the above accident, he has taken care to let no volatile drops, but salts only, be applied to the nose in cases of midwifery.—Dr. SIGAULT, Physician at PARIS, has lately experienced good effects from the external use of cold water in a case where the progress of labour was retarded by violent *convulsions*. Upon throwing a pail-full of water (in which ice had been previously dissolved) on the patient, the spasms instantly subsided, and the *os uteri* soon began to dilate. By a few repetitions of this application, the convulsions were entirely removed, and the *os uteri* in a short time was sufficiently open to allow of the introduction of the forceps, with which the patient was delivered of a dead child.—Dr. BLAND, Physician and Man-midwife to the WESTMINSTER General Dispensary, in the LONDON MEDICAL JOURNAL, for NOVEMBER 1781, section 2d, has given us four Cases of *convulsions* during parturition, which fell under his care. See also Cases xxxvii, xlvii. and l. of this Work.

C A S E CLXI.

THE unfortunate subject of this Article was the wife of JOHN LONGLEY, a day-labouring man in the parish of RYARSH, near this Town. She had been eight times pregnant, was of a *leucophlegmatic* habit, and weakly constitution, always subject to painful menstruation; and although she had generally suffered more than usual in the first and second class of diseases consequent upon gestation, her labours had always happily terminated in a favourable manner, though generally tedious and lingering. Early in the morning of the 20th of MARCH last, she was attacked with pains in the belly, groins, and thighs; and a junior Practitioner, whose assistance had been bespoke, was sent for; who, after waiting some time, judged the pains to be spurious,

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ous, gave her an opiate, and for the present left her. In the morning of the following day he was again sent for; and, upon examination, found the *mucus* descending, the *os internum* widely dilated, the membranes ruptured, and the *nates* presenting. He therefore, very properly, submitted the delivery to Nature, till the child was advanced as far as the *thorax*; when the feet were brought down, and he endeavoured to conduct the birth as is usual in footling cases: but by all the efforts he could devise or think of, he was not able to deliver the head, which continued above the brim of the *pelvis*, with the face to the *sacrum*. Fearing he should separate the head from the body, notwithstanding his repeated endeavours to deliver, he had prudently avoided too much pulling force. In this situation the Case rested till four o'clock the next morning; when the weakness of the patient, and his apprehensions for her safety, induced him to send for me; to whom he related the particulars of the Case, with much precision and accuracy, and with that becoming composure and steadiness which would

would have done honour to an older Practitioner. We consented to alter the position of the woman ; and I, ineffectually, in almost every posture we could think of, went over the same grounds as he had done before me, taking all the care that we possibly could, not to separate the head from the body ; but my hands and arms becoming cramped and tired, I gave it as my opinion, that the birth was retarded by an *hydrocephalous* head—to which conjecture he acceded ; and the danger of the poor woman becoming every minute more obvious, we agreed to call in a third Surgeon, to whom we related the particulars ; and he agreed with us in the probability of the impediment being caused by the *hydrocephalus*. Several ineffectual trials again took place ; when, upon consultation, diminishing the head was thought of : but as it was situated too high to proceed with propriety, we agreed to place the woman in an half-sitting and half-lying posture, and introduce one blade of the forceps, with the right hand, as high up as possible, to press upon the contents of the *pericranium*,

cranium, whilst the left was applied in fixing the blunt hook on the opposite side; and in this manner, after much muscular exertion, the head was brought down and delivered with its contents whole and unruptured. From the excoriation of the cuticle, and general livid appearance, we judged the child to have been dead some time. The poor woman was so much exhausted by the length and difficulty of her labour, that although no flooding or convulsions ensued, she was seized with *deliquia*, and died in an hour and a half after the birth of the child.—The *hydrocephalus*, though a disease well known, is happily not very common. Of 1923 children, only *two* had a dropfy of the head; as appears by the Record of the Midwifery Department of the WESTMINSTER Dispensary, given by Dr. BLAND, Vol. iii, No. 2, of the MEDICAL JOURNAL.—A PLATE representing the Child is hereunto annexed. Its description is as follows: FIG. 1. shews a lateral and front view of the *hydrocephalous* Child, as described below, with its dimensions. FIG. 2. shews the front view of its face and head. FIG. 3. shews

fig. 3



fig. 1



fig. 2



shews the curvature of the spine, with a large carious ulcer as it appeared when born.

The head resembled a large bladder filled with water; or rather, a large oval, not unlike a lady's calash (with parallels falling backwards and forwards, somewhat like the whale-bone hoops which support that kind of head-dress), and terminating at the chin in an acute angle. Its latitude in front was ten inches and three quarters: the length of the face, from chin to forehead, three inches and one-eighth. Laterally, from temple to temple, it measured three inches and three-eighths: from chin to *vertex*, eleven inches and five-eighths: from the *os frontis* to the nape of the neck, twenty inches and a half. The total circumference of the head was twenty-four inches and one-eighth, and consequently the sutures were expanded in a proportionate degree. The protuberance of the eyes was so great (occasioned by the propulsion of the waters contained in the *cranium*), that they appeared ready to burst from their sockets. The mouth

was open, and widely distended: the *scrotum* livid, and enlarged; and the spine distorted, as in the PRINT, with a large deep carious ulcer penetrating into the *vertebræ dorsi*. The cuticle peeled off to the touch, and the child appeared to have been dead some days. In all the other parts of its body, the *fœtus* had its natural proportions.

THE END OF THE SECOND VOLUME.

